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**Severn Trent Laboratories, Inc.**

SEVERN  
TRENT

STL



584489

Client EQM	Project Manager Jackie Doan	Date 8/5/05	Chain of Custody Number 233447
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Address 650 SUMMIT ST	Telephone Number (Area Code)/Fax Number 800 500-0575 / 513 825-9728	Lab Number	Page 1 of 1
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City WARREN	State OH	Zip Code 44485	Site Contact A. RAVIS	Lab Contact M. LOAB	Analysis (Attach list if more space is needed)
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[illegible]

<i>Contract/Purchase Order/Quote No.</i>	<i>Matrix</i>	<i>Containers &amp; Preservatives</i>	<i>Conditions of Receipt</i>
PO # 8661			

[illegible]

<b>Possible Hazard Identification</b>					<b>Sample Disposal</b>		
<input checked="" type="checkbox"/> Non-Hazard	<input type="checkbox"/> Flammable	<input type="checkbox"/> Skin Irritant	<input type="checkbox"/> Poison B	<input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client	<input checked="" type="checkbox"/> Disposal By Lab	<input type="checkbox"/> Archive For _____ Months
					(A fee may be assessed if samples are retained longer than 1 month)		

Turn Around Time Required	QC Requirements (Specify)
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____	

1. Relinquished By	Date	Time	1. Received By	Date	Time
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2. Relinquished By	Date	Time	2. Received By	Date	Time

3. Relinquished By	Date	Time	3. Received By	Date	Time
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[illegible]

**DISTRIBUTION:** WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



# Chain of Custody Record

SEVERN  
TRENT

STL

Severn Trent Laboratories, Inc.

STL-4124 (0901)		Client <b>SQM</b>		Project Manager <b>Steve Dean</b>		Date <b>7/25/05</b>		Chain of Custody Number <b>201002</b>										
Address <b>650 Summit St</b>		Telephone Number (Area Code)/Fax Number <b>800 500 0575 / 513 925 9725</b>		Lab Number		Page <b>1</b> of <b>2</b>												
City <b>Warren</b>	State <b>OH</b>	Zip Code <b>44485</b>	Site Contact <b>A. Davis</b>	Lab Contact <b>M. Loeb</b>	Analysis (Attach list if more space is needed)													
Project Name and Location (State) <b>Malnusside Power Plant</b>			Carrier/Waybill Number		Special Instructions/ Conditions of Receipt													
Contract/Purchase Order/Quote No. <b>PO# 8661</b>																		
Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date	Time	Matrix				Containers & Preservatives				<div style="writing-mode: vertical-rl; transform: rotate(180deg);">201002</div>						
				Air	Aqueous	Sed.	Soil	Unpres.	H2SO4	HNO3	HCl						NaOH	ZnAc/NaOH
YARD-072505-37		7/25/05	0930				✓	✓										
YARD-072505-38			0934				✓	✓										
YARD-072505-39			0935				✓	✓										
YARD-072505-40			0947				✓	✓										
YARD-072505-41			0946				✓	✓										
YARD-072505-42			0950				✓	✓										
YARD-072505-43			0954				✓	✓										
YARD-072505-44			0958				✓	✓										
YARD-072505-45			1002				✓	✓										
YARD-072505-46			1006				✓	✓										
YARD-072505-47			1010				✓	✓										
YARD-072505-48			1014				✓	✓										
Possible Hazard Identification				Sample Disposal				(A fee may be assessed if samples are retained longer than 1 month)										
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown				<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months														
Turn Around Time Required				QC Requirements (Specify)														
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____																		
1. Relinquished By <b>[Signature]</b>		Date <b>7/25/05</b>	Time <b>1230</b>	1. Received By <b>[Signature]</b>		Date <b>7/25/05</b>	Time <b>1230</b>											
2. Relinquished By		Date	Time	2. Received By		Date	Time											
3. Relinquished By		Date	Time	3. Received By		Date	Time											
Comments <b>24 hr. total</b>																		

DISTRIBUTION: WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy







# Chain of Custody Record

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TRENT

STL

Severn Trent Laboratories, Inc.

STL Pittsburgh  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)		Client <b>EQM</b>		Project Manager <b>SAIKIE DOWD</b>		Date <b>7/20/05</b>		Chain of Custody Number <b>190055</b>						
Address <b>650 Summit St</b>		Telephone Number (Area Code)/Fax Number <b>800 500 0575 / 513 825 9728</b>		Lab Number		Page <b>1</b> of <b>2</b>								
City <b>WATERLOO</b>	State <b>OH</b>	Zip Code <b>44485</b>	Site Contact <b>A. KAVIS</b>	Lab Contact <b>M. LOUIS</b>	Analysis (Attach list if more space is needed)					Special Instructions/ Conditions of Receipt				
Project Name and Location (State) <b>Malone's Park Point</b>			Carrier/Waybill Number											
Contract/Purchase Order/Quote No. <b>PO# 9661</b>			Matrix		Containers & Preservatives									
Sample I.D. No. and Description (Containers for each sample may be combined on one line)			Date	Time	Air	Aqueous	Sed.	Soil	Unpres.		H2SO4	HNO3	HCl	NaOH
YARD-072005-17			7/20/05	1430				✓	✓					
YARD-072005-18				1435				✓	✓					
YARD-072005-19				1440				✓	✓					
YARD-072005-20				1445				✓	✓					
YARD-072005-21				1450				✓	✓					
YARD-072005-22				1455				✓	✓					
YARD-072005-23				1500				✓	✓					
YARD-072005-24				1505				✓	✓					
YARD-072005-25				1510				✓	✓					
YARD-072005-26				1515				✓	✓					
YARD-072005-27				1520				✓	✓					
YARD-072005-28				1525				✓	✓					
Possible Hazard Identification					Sample Disposal					(A fee may be assessed if samples are retained longer than 1 month)				
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown					<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months									
Turn Around Time Required					QC Requirements (Specify)									
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input checked="" type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____														
1. Relinquished By			Date	Time	1. Received By			Date	Time					
<b>[Signature]</b>			<b>7/21/05</b>	<b>0905</b>	<b>[Signature]</b>			<b>7/21/05</b>	<b>9:55</b>					
2. Relinquished By			Date	Time	2. Received By			Date	Time					
3. Relinquished By			Date	Time	3. Received By			Date	Time					

Comments  
**\* 24 hr. TAT.**

DISTRIBUTION: WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



# Chain of Custody Record

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Severn Trent Laboratories, Inc.

STL-4124 (0901)

Client <b>EQM</b>		Project Manager <b>JAMES DOWD</b>		Date <b>7/20/05</b>	Chain of Custody Number <b>201001</b>
Address <b>650 Summit St.</b>		Telephone Number (Area Code)/Fax Number <b>800 500 0575 / 513 825 9728</b>		Lab Number	Page <b>2</b> of <b>2</b>

City <b>Warren</b>	State <b>OH</b>	Zip Code <b>44485</b>	Site Contact <b>L. R. Davis</b>	Lab Contact <b>M. L. Lusk</b>	Analysis (Attach list if more space is needed)
Project Name and Location (State) <b>WALTON 46715 Raven Point</b>			Carrier/Waybill Number		Special Instructions/ Conditions of Receipt

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix				Containers & Preservatives								Analysis (Attach list if more space is needed)	Special Instructions/ Conditions of Receipt		
			Air	Aqueous	Sed.	Soil	Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/ NaOH						
<b>YARD-072005-29</b>	<b>7/20/05</b>	<b>1530</b>				✓	✓											
<b>YARD-072005-30</b>		<b>1535</b>				✓	✓											
<b>YARD-072005-31</b>		<b>1540</b>				✓	✓											
<b>YARD-072005-32</b>		<b>1545</b>				✓	✓											
<b>YARD-072005-33</b>		<b>1550</b>				✓	✓											
<b>YARD-072005-34</b>		<b>1555</b>				✓	✓											
<b>YARD-072005-35</b>		<b>1600</b>				✓	✓											
<b>YARD-072005-36</b>		<b>1605</b>				✓	✓											

Possible Hazard Identification	Sample Disposal	(A fee may be assessed if samples are retained longer than 1 month)
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months	

Turn Around Time Required	QC Requirements (Specify)
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____	

1. Relinquished By <b>[Signature]</b>	Date <b>7/21/05</b>	Time <b>0955</b>	1. Received By <b>[Signature]</b>	Date <b>7/21/05</b>	Time <b>9:55</b>
2. Relinquished By	Date	Time	2. Received By	Date	Time
3. Relinquished By	Date	Time	3. Received By	Date	Time

Comments <b>* 24h TAT</b>
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DISTRIBUTION: WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



# Chain of Custody Record

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Sewern Trent Laboratories, Inc.

STL Pittsburgh  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)		Client <b>EQM</b>		Project Manager <b>JAKIE JOAN</b>		Date <b>4/27/05</b>		Chain of Custody Number <b>190054</b>											
Address <b>650 Summit St</b>		Telephone Number (Area Code)/Fax Number <b>800 500 0575 / 513 925 9728</b>		Lab Number		Page <b>1</b> of <b>1</b>													
City <b>WARREN</b>	State <b>OH</b>	Zip Code <b>44485</b>	Site Contact <b>A. RAVIS</b>	Lab Contact <b>M. L. OER</b>	Analysis (Attach list if more space is needed)														
Project Name and Location (State) <b>MAINTENANCE POWER PLANT</b>			Carrier/Waybill Number		Special Instructions/ Conditions of Receipt														
Contract/Purchase Order/Quote No. <b>PO# 8661</b>																			
Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date	Time	Matrix					Containers & Preservatives										
				Air	Aqueous	Sed.	Soil	Composite	Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH					
CC-042705-A1		4/27/05	0910					✓	✓							✓			
CC-042705-A2			0914					✓	✓							✓			
CC-042705-A3			0918					✓	✓							✓			
CC-042705-B1			0922					✓	✓							✓			
CC-042705-B2			0926					✓	✓							✓			
CC-042705-B3			0930					✓	✓							✓			
CC-042705-C1			0934					✓	✓							✓			
CC-042705-C2			0938					✓	✓							✓			
CC-042705-C3			0942					✓	✓							✓			
Possible Hazard Identification				Sample Disposal				(A fee may be assessed if samples are retained longer than 1 month)											
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown				<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months															
Turn Around Time Required				QC Requirements (Specify)															
<input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input checked="" type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____																			
1. Relinquished By		Date	Time	1. Received By		Date	Time												
<b>[Signature]</b>		4/27/05	1205	<b>[Signature]</b>		4/27/05	1205												
2. Relinquished By		Date	Time	2. Received By		Date	Time												
3. Relinquished By		Date	Time	3. Received By		Date	Time												
Comments																			



# Chain of Custody Record

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Sewern Trent Laboratories, Inc.

STL Pittsburgh  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)

Client <b>EQM</b>		Project Manager <b>SHIRIE LOAN</b>		Date <b>4/26/05</b>	Chain of Custody Number <b>190052</b>
Address <b>650 Summit St</b>		Telephone Number (Area Code)/Fax Number <b>800 500 0575 / 513 825 9728</b>		Lab Number	Page <b>1</b> of <b>2</b>

City <b>WARREN</b>	State <b>OH</b>	Zip Code <b>44485</b>	Site Contact <b>A. RAVIS</b>	Lab Contact <b>M. HOEN</b>	Analysis (Attach list if more space is needed)
Project Name and Location (State) <b>Marysville Power Plant</b>			Carrier/Waybill Number		Special Instructions/ Conditions of Receipt

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix					Containers & Preservatives							Analysis (Attach list if more space is needed)
			Air	Aqueous	Sed.	Soil	Unpres	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH			
YARD-042605-1	4/26/05	0930				/	/								
YARD-042605-2		0933				/	/								
YARD-042605-3		0936				/	/								
YARD-042605-4		0939				/	/								
YARD-042605-5		0942				/	/								
YARD-042605-6		0945				/	/								
YARD-042605-7		0948				/	/								
YARD-042605-8		0951				/	/								
YARD-042605-9		0954				/	/								
YARD-042605-10		0957				/	/								
YARD-042605-11		1000				/	/								
YARD-042605-12		1003				/	/								

Possible Hazard Identification	Sample Disposal	(A fee may be assessed if samples are retained longer than 1 month)
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months	

Turn Around Time Required	QC Requirements (Specify)
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input checked="" type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____	

1. Relinquished By 	Date <b>4/26/05</b>	Time <b>12:15</b>	1. Received By 	Date <b>4/26/05</b>	Time <b>12:15</b>
2. Relinquished By	Date	Time	2. Received By	Date	Time
3. Relinquished By	Date	Time	3. Received By	Date	Time

Comments <b>7 DAY TAT</b>
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DISTRIBUTION: WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



# Chain of Custody Record

SEVERN  
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STL

Severn Trent Laboratories, Inc.

STL Pittsburgh  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)		Client <b>EQM1</b>		Project Manager <b>JACKIE LOAN</b>		Date <b>4/26/05</b>		Chain of Custody Number <b>190053</b>										
Address <b>650 Summit St</b>		Telephone Number (Area Code)/Fax Number <b>800 500 0575 / 513 825 9728</b>		Lab Number		Page <b>2</b> of <b>2</b>												
City <b>WARREN</b>	State <b>OH</b>	Zip Code <b>44485</b>	Site Contact <b>A. Ravis</b>	Lab Contact <b>M. Loeis</b>	Analysis (Attach list if more space is needed)													
Project Name and Location (State) <b>Maloneside Power Plant</b>			Carrier/Waybill Number		Special Instructions/ Conditions of Receipt													
Contract/Purchase Order/Quote No. <b>PO# 8661</b>																		
Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date	Time	Matrix	Containers & Preservatives					<div style="border: 1px solid black; padding: 5px;"> <b>P26 8082</b> </div>								
				Air	Aqueous	Sed.	Soil	Unpres.	H2SO4						HNO3	HCl	NaOH	ZnAc/NaOH
<b>YARS-042605-13</b>		<b>4/26/05</b>	<b>1006</b>				/	/										
<b>YARS-042605-14</b>			<b>1009</b>				/	/										
<b>YARS-042605-15</b>			<b>1012</b>				/	/										
<b>YARS-042605-16</b>			<b>1015</b>				/	/										
Possible Hazard Identification				Sample Disposal				(A fee may be assessed if samples are retained longer than 1 month)										
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown				<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months														
Turn Around Time Required				QC Requirements (Specify)														
<input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input checked="" type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____																		
1. Relinquished By		Date	Time	1. Received By		Date	Time											
<b>[Signature]</b>		<b>4/26/05</b>	<b>12:15</b>	<b>[Signature]</b>		<b>4/26/05</b>	<b>12:15</b>											
2. Relinquished By		Date	Time	2. Received By		Date	Time											
3. Relinquished By		Date	Time	3. Received By		Date	Time											
Comments <b>7 May 2005</b>																		

DISTRIBUTION: WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



## STL-4124 (0901)

STL

Project Name and Location (State)

Contract/Purchase Order/Quote No.

Sample I.D. No. and Description  
(Containers for each sample may be combined on one line)

TUN-041905-1

Project Manager

Telephone Number (Area Code)/Fax Number

Site Contact

Lab Contact
-------------

Carrier/Waybill Number

*Matrix*

## Containers & Preservatives

Analysis (Attach list if more space is needed)

Chain of Custody Number

202296

Lab Number

Page 1 of 1Special Instructions/  
Conditions of Receipt

### Possible Hazard Identification

☒ Non-Hazard    ☐ Flammable    ☐ Skin Irritant    ☐ Poison B    ☐ Unknown

Sample Disposal

☐ Return To Client    ☒ Disposal By Lab    ☐ Archive For \_\_\_\_\_ Months

(A fee may be assessed if samples are retained longer than 1 month)

### Turn Around Time Required

☐ 24 Hours    ☐ 48 Hours    ☐ 7 Days    ☐ 14 Days    ☐ 21 Days    ☐ Other \_\_\_\_\_

QC Requirements (Specify)

### 1. Relinquished By

Date 4/19/05 Time 12:30 PM

1. Received By

Am. Madryx

Date 4/19/05 Time 12:30 PM

## 2. Relinquished By

Date \_\_\_\_\_ Time \_\_\_\_\_

2. Received By

Date \_\_\_\_\_ Time \_\_\_\_\_

### 3. Relinquished By

Date	Time
------	------

3. Received By

Date	Time
------	------

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*Comments*

**DISTRIBUTION:** WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



## STL-4124 (0901)

Client

# STL

## STL Pittsburgh

450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

Client <b>EQM1</b>			Project Manager <b>J. KITE JOAN</b>										Date <b>4/13/05</b>		Chain of Custody Number <b>190048</b>			
Address <b>650 Summit St</b>			Telephone Number (Area Code)/Fax Number <b>800 500 0575 / 513 825 9728</b>										Lab Number		Page <b>1</b> of <b>4</b>			
City <b>WARREN</b>		State <b>OH</b>	Zip Code <b>444135</b>		Site Contact <b>J. RAVIS</b>			Lab Contact <b>M. Lucas</b>			Analysis (Attach list if more space is needed)						Special Instructions/ Conditions of Receipt	
Project Name and Location (State) <b>WATERGATE POWER PLANT</b>					Carrier/Waybill Number													
Contract/Purchase Order/Quote No. <b>MO# 8661</b>					Matrix			Containers & Preservatives										
Sample I.D. No. and Description (Containers for each sample may be combined on one line)			Date	Time	Air	Aqueous	Sed.	Soil	Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/ NaOH				
<b>133-1</b>			<b>4/13/05</b>	<b>0742</b>				✓	✓									
<b>133-2</b>				<b>0743</b>				✓	✓									
<b>133-3</b>				<b>0744</b>				✓	✓									
<b>133-4</b>				<b>0745</b>				✓	✓									
<b>140-1</b>				<b>0751</b>				✓	✓									
<b>140-2</b>				<b>0752</b>				✓	✓									
<b>140-3</b>				<b>0753</b>				✓	✓									
<b>140-4</b>				<b>0754</b>				✓	✓									
<b>140-5</b>				<b>0755</b>				✓	✓									
<b>158-1</b>				<b>0759</b>				✓	✓									
<b>158-2</b>				<b>0800</b>				✓	✓									
<b>158-3</b>				<b>0801</b>				✓	✓									
Possible Hazard Identification					Sample Disposal										(A fee may be assessed if samples are retained longer than 1 month)			
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown					<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months													
Turn Around Time Required					QC Requirements (Specify)													
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____																		
1. Relinquished By			Date	Time	1. Received By			Date	Time									
			<b>4/13/05</b>	<b>1100</b>				<b>4-13-05</b>	<b>1100</b>									
2. Relinquished By			Date	Time	2. Received By			Date	Time									
3. Relinquished By			Date	Time	3. Received By			Date	Time									

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*Comments*

**DISTRIBUTION:** WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



# Chain of Custody Record

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Severn Trent Laboratories, Inc.

STL Pittsburgh  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)

Client <i>EQM1</i>		Project Manager <i>Shirley Dowd</i>		Date <i>4/13/05</i>	Chain of Custody Number <b>190049</b>
Address <i>650 Summit St</i>		Telephone Number (Area Code)/Fax Number <i>800 500 0575 / 513 925-9728</i>		Lab Number	Page <i>2</i> of <i>4</i>

City <i>Warren</i>	State <i>OH</i>	Zip Code <i>44485</i>	Site Contact <i>A. Kaul</i>	Lab Contact <i>M. Hoerz</i>	Analysis (Attach list if more space is needed)
Project Name and Location (State) <i>McLennan's Power Plant</i>			Carrier/Waybill Number		

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix				Containers & Preservatives								Special Instructions/ Conditions of Receipt				
			Air	Aqueous	Sed.	Soil	Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/ NaOH							
<i>158-1</i>	<i>4/13/05</i>	<i>0802</i>				✓	✓												
<i>158-5</i>		<i>0803</i>				✓	✓												
<i>159-1</i>		<i>0806</i>				✓	✓												
<i>159-2</i>		<i>0807</i>				✓	✓												
<i>159-3</i>		<i>0808</i>				✓	✓												
<i>159-4</i>		<i>0809</i>				✓	✓												
<i>159-5</i>		<i>0810</i>				✓	✓												
<i>161-1</i>		<i>0812</i>				✓	✓												
<i>161-2</i>		<i>0814</i>				✓	✓												
<i>161-3</i>		<i>0815</i>				✓	✓												
<i>161-4</i>		<i>0816</i>				✓	✓												
<i>161-5</i>		<i>0817</i>				✓	✓												

Possible Hazard Identification	Sample Disposal	(A fee may be assessed if samples are retained longer than 1 month)
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months	

Turn Around Time Required	QC Requirements (Specify)
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____	

1. Relinquished By <i>[Signature]</i>	Date <i>4/13/05</i>	Time <i>11:00</i>	1. Received By <i>[Signature]</i>	Date <i>4/13/05</i>	Time <i>11:00</i>
2. Relinquished By	Date	Time	2. Received By	Date	Time
3. Relinquished By	Date	Time	3. Received By	Date	Time

Comments <i>* 24 hr. THT</i>
---------------------------------

DISTRIBUTION: WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



# Chain of Custody Record

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STL Pittsburgh  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)

Client <b>EQM</b>		Project Manager <b>SARIE LOAN</b>		Date <b>4/13/05</b>	Chain of Custody Number <b>190050</b>
Address <b>650 Summit St</b>		Telephone Number (Area Code)/Fax Number <b>800 500 0575 / 513 825 9728</b>		Lab Number	Page <b>3</b> of <b>4</b>

City <b>WARREN</b>	State <b>OH</b>	Zip Code <b>44485</b>	Site Contact <b>A. Kovic</b>	Lab Contact <b>M. Lees</b>	Analysis (Attach list if more space is needed)
Project Name and Location (State) <b>Maloneside Power Plant</b>			Carrier/Waybill Number		

Contract/Purchase Order/Quote No. <b>PO# 8661</b>	Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix				Containers & Preservatives								Special Instructions/Conditions of Receipt
				Air	Aqueous	Sed.	Soil	Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH			
	163-1	4/13/05	0820													
	163-2		0821													
	163-3		0822													
	163-4		0823													
	163-5		0824													
	164-1		0826													
	164-2		0827													
	164-3		0828													
	164-4		0829													
	164-5		0830													
	165-1		0834													
	165-2		0835													

Possible Hazard Identification	Sample Disposal	(A fee may be assessed if samples are retained longer than 1 month)
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months	

Turn Around Time Required	QC Requirements (Specify)
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____	

1. Relinquished By <b>[Signature]</b>	Date <b>4/13/05</b>	Time <b>11:00</b>	1. Received By <b>[Signature]</b>	Date <b>4/13/05</b>	Time <b>11:00</b>
2. Relinquished By	Date	Time	2. Received By	Date	Time
3. Relinquished By	Date	Time	3. Received By	Date	Time

Comments  
**\* 24 hr TAT**

DISTRIBUTION: WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



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450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)

Client <b>EQM</b>			Project Manager <b>JOAN</b>			Date <b>4/13/05</b>			Chain of Custody Number <b>190051</b>							
Address <b>650 Summit St</b>			Telephone Number (Area Code)/Fax Number <b>800 500 0575 513 825 9728</b>			Lab Number			Page <b>11</b> of <b>11</b>							
City <b>WARREN</b>	State <b>OH</b>	Zip Code <b>44485</b>	Site Contact <b>J. RAVIC</b>			Lab Contact <b>M. LOEB</b>			Analysis (Attach list if more space is needed)							
Project Name and Location (State) <b>Mahoningade Power Plant</b>			Carrier/Waybill Number													
Contract/Purchase Order/Quote No. <b>PO# 8661</b>			Matrix			Containers & Preservatives										
Sample I.D. No. and Description (Containers for each sample may be combined on one line)			Date	Time	Alr	Aqueous	Sed.	Soil				Unpres.	H2SO4	HNO3	HCl	NaOH
165-3			4/13/05	0836				/	/							
165-4				0837				/	/							
165-5				0838				/	/							
166-1				0841				/	/							
166-2				0842				/	/							
166-3				0843				/	/							
166-4				0844				/	/							
166-5				0845				/	/							
Possible Hazard Identification			Sample Disposal			(A fee may be assessed if samples are retained longer than 1 month)										
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown			<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months													
Turn Around Time Required			QC Requirements (Specify)													
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____																
1. Relinquished By			Date	Time	1. Received By			Date	Time							
<b>[Signature]</b>			<b>4/13/05</b>	<b>1100</b>	<b>[Signature]</b>			<b>4/13/05</b>	<b>1100</b>							
2. Relinquished By			Date	Time	2. Received By			Date	Time							
3. Relinquished By			Date	Time	3. Received By			Date	Time							
Comments <b>24 hr TAT</b>																



# Chain of Custody Record

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STL Pittsburgh  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)

Client <i>EQM</i>		Project Manager <i>MARKEDON</i>		Date <i>4/11/05</i>	Chain of Custody Number <b>190045</b>
Address <i>650 Summit St</i>		Telephone Number (Area Code)/Fax Number <i>800 500 0575 / 513 825 9728</i>		Lab Number	Page <u>1</u> of <u>2</u>

City <i>WARRREN</i>	State <i>OH</i>	Zip Code <i>44485</i>	Site Contact <i>A. Ravi</i>	Lab Contact <i>MA. LOAN</i>	Analysis (Attach list if more space is needed)	Special Instructions/ Conditions of Receipt
Project Name and Location (State) <i>McKeesport Power Plant</i>			Carrier/Waybill Number			

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix				Containers & Preservatives								Analysis	Special Instructions/ Conditions of Receipt
			Air	Aqueous	Sed.	Soil	Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/ NaOH				
<i>40, dA - 041105 - 172</i>	<i>4/11/05</i>	<i>0900</i>				✓	✓							✓		
<i>40, dA - 041105 - 173</i>		<i>0903</i>				✓	✓							✓		
<i>40, dA - 041105 - 174</i>		<i>0906</i>				✓	✓							✓		
<i>40, dA - 041105 - 175</i>		<i>0909</i>				✓	✓							✓		
<i>40, dA - 041105 - 176</i>		<i>0912</i>				✓	✓							✓		
<i>40, dA - 041105 - 177</i>		<i>0915</i>				✓	✓							✓		
<i>40, dA - 041105 - 177-115</i>		<i>0915</i>				✓	✓							✓		
<i>40, dA - 041105 - 178</i>		<i>0918</i>				✓	✓							✓		
<i>40, dA - 041105 - 179</i>		<i>0921</i>				✓	✓							✓		
<i>40, dA - 041105 - 180</i>		<i>0924</i>				✓	✓							✓		
<i>40, dA - 041105 - 181</i>		<i>0927</i>				✓	✓							✓		
<i>40, dA - 041105 - 182</i>		<i>0930</i>				✓	✓							✓		

Possible Hazard Identification	Sample Disposal	(A fee may be assessed if samples are retained longer than 1 month)
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months	

Turn Around Time Required	QC Requirements (Specify)
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____	

1. Relinquished By <i>[Signature]</i>	Date <i>4/11/05</i>	Time <i>1110</i>	1. Received By <i>[Signature]</i>	Date <i>4-11-05</i>	Time <i>1110</i>
2. Relinquished By	Date	Time	2. Received By	Date	Time
3. Relinquished By	Date	Time	3. Received By	Date	Time

Comments <i>24 hr TAT</i>
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## STL-4124 (0901)

STL

**STL Pittsburgh**  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)

Comments  
X 24 h. T+T

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# Chain of Custody Record

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STL Pittsburgh  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)

Client <i>EQM</i>		Project Manager <i>SARAH JONES</i>		Date <i>4/08/05</i>		Chain of Custody Number <b>190041</b>												
Address <i>650 Summit St</i>		Telephone Number (Area Code)/Fax Number <i>800 500 0575 / 512 925-9728</i>		Lab Number		Page <i>1</i> of <i>4</i>												
City <i>WARREN</i>	State <i>OH</i>	Zip Code <i>44485</i>	Site Contact <i>N. Ravis</i>	Lab Contact <i>Cheryl Lee</i>	Analysis (Attach list if more space is needed)													
Project Name and Location (State) <i>Mohawk Power Plant</i>			Carrier/Waybill Number															
Contract/Purchase Order/Quote No. <i>1041 8661</i>			Matrix		Containers & Preservatives													
Sample I.D. No. and Description (Containers for each sample may be combined on one line)			Date	Time	Air	Aqueous	Sed.	Soil	Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH	Special Instructions/ Conditions of Receipt			
<i>40ydH-040805-126</i>			<i>4/08/05</i>	<i>1045</i>				✓	✓									✓
<i>40ydH-040805-127</i>				<i>1048</i>				✓	✓									✓
<i>40ydH-040805-127-115</i>				<i>1051</i>				✓	✓									✓
<i>40ydH-040805-128</i>				<i>1054</i>				✓	✓									✓
<i>40ydH-040805-129</i>				<i>1057</i>				✓	✓									✓
<i>40ydH-040805-130</i>				<i>1100</i>				✓	✓									✓
<i>40ydH-040805-131</i>				<i>1103</i>				✓	✓									✓
<i>40ydH-040805-132</i>				<i>1106</i>				✓	✓									✓
<i>40ydH-040805-133</i>				<i>1109</i>				✓	✓									✓
<i>40ydH-040805-134</i>				<i>1112</i>				✓	✓						✓			
<i>40ydH-040805-135</i>				<i>1115</i>				✓	✓						✓			
<i>40ydH-040805-136</i>				<i>1118</i>				✓	✓						✓			

Possible Hazard Identification  
☒ Non-Hazard   ☐ Flammable   ☐ Skin Irritant   ☐ Poison B   ☐ Unknown  
☐ Return To Client   ☒ Disposal By Lab   ☐ Archive For \_\_\_\_\_ Months  
 Turn Around Time Required  
☒ 24 Hours   ☐ 48 Hours   ☐ 7 Days   ☐ 14 Days   ☐ 21 Days   ☐ Other \_\_\_\_\_  
 QC Requirements (Specify)  
 1. Relinquished By *[Signature]* Date *4/08/05* Time *1500*  
 2. Relinquished By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 3. Relinquished By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 1. Received By *[Signature]* Date *4-8-05* Time *1500*  
 2. Received By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 3. Received By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Comments  
*24 hr THT*



\_\_\_\_\_

**Severn Trent Laboratories, Inc.**

**STL Pittsburgh**  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

Client <i>EQM</i>			Project Manager <i>James Nelson</i>			Date <i>4/18/05</i>		Chain of Custody Number <b>190042</b>	
Address <i>650 Summit St</i>			Telephone Number (Area Code)/Fax Number <i>800 500 0575 / 513 825 9725</i>			Lab Number		Page <i>2</i> of <i>4</i>	
City <i>Warren</i>	State <i>OH</i>	Zip Code <i>44185</i>	Site Contact <i>N. Ruvic</i>		Lab Contact <i>M. Lucas</i>		Analysis (Attach list if more space is needed)		
Project Name and Location (State) <i>Wabash River Power Plant</i>			Carrier/Waybill Number						
Contract/Purchase Order/Quote No. <i>PO# 8111</i>			Matrix		Containers & Preservatives		Special Instructions/ Conditions of Receipt		

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Air	Aqueous	Sed	Soil	Unpres.	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NaOH	ZnAc <sub>2</sub>	NaOH							
40 <sub>nd</sub> H-040805-137	4/09/05	1121				✓	✓							✓						
40 <sub>nd</sub> H-040805-138		1124				✓	✓							✓						
40 <sub>nd</sub> H-040805-139		1127				✓	✓							✓						
40 <sub>nd</sub> H-040805-140		1130				✓	✓							✓						
40 <sub>nd</sub> H-040805-141		1133				✓	✓							✓						
40 <sub>nd</sub> H-040805-142		1136				✓	✓							✓						
40 <sub>nd</sub> H-040805-143		1139				✓	✓							✓						
40 <sub>nd</sub> H-040805-144		1142				✓	✓							✓						
40 <sub>nd</sub> H-040805-145		1145				✓	✓							✓						
40 <sub>nd</sub> H-040805-146		1148				✓	✓							✓						
40 <sub>nd</sub> H-040805-147		1151				✓	✓							✓						
40 <sub>nd</sub> H-040805-148		1154				✓	✓							✓						

Sample Disposal

☐ *Return To Client*☐ Disposal By Lab☐ Archive For

Months

(A fee may be assessed if samples are retained longer than 1 month)

QC Requirements (Specify)

\_\_\_\_\_

Date	Time
4/08/05	1500

Ch M F

Date	Time
4-8-05	1500

Date	Time
------	------

2. Received By

Date	Time
------	------

Date	Time
------	------

3. Received By

Date	Time
------	------

29 h. T. A. 1

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# Chain of Custody Record

SEVERN  
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Severn Trent Laboratories, Inc.

STL Pittsburgh  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)

Client <i>EQM</i>		Project Manager <i>Erica Jones</i>		Date <i>4/08/05</i>	Chain of Custody Number <b>190044</b>
Address <i>650 Summit St</i>		Telephone Number (Area Code)/Fax Number <i>500 500 0515 / 513 825-9728</i>		Lab Number	Page <i>4</i> of <i>1</i>

City <i>Warren</i>	State <i>OH</i>	Zip Code <i>44485</i>	Site Contact <i>N. Rovic</i>	Lab Contact <i>M. Loeck</i>	Analysis (Attach list if more space is needed)
Project Name and Location (State) <i>Aluminum Side Pouch PCHT</i>			Carrier/Waybill Number		Special Instructions/ Conditions of Receipt

Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Matrix					Containers & Preservatives															
			Air	Aqueous	Sed.	Soil		Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH										
<i>40pdt-040805-160</i>	<i>4/08/05</i>	<i>1233</i>				<i>✓</i>		<i>✓</i>								<i>✓</i>							
<i>40pdt-040805-161</i>		<i>1236</i>				<i>✓</i>		<i>✓</i>								<i>✓</i>							
<i>40pdt-040805-162</i>		<i>1239</i>				<i>✓</i>		<i>✓</i>								<i>✓</i>							
<i>40pdt-040805-163</i>		<i>1242</i>				<i>✓</i>		<i>✓</i>								<i>✓</i>							
<i>40pdt-040805-164</i>		<i>1245</i>				<i>✓</i>		<i>✓</i>								<i>✓</i>							
<i>40pdt-040805-165</i>		<i>1248</i>				<i>✓</i>		<i>✓</i>								<i>✓</i>							
<i>40pdt-040805-166</i>		<i>1251</i>				<i>✓</i>		<i>✓</i>								<i>✓</i>							
<i>40pdt-040805-167</i>		<i>1254</i>				<i>✓</i>		<i>✓</i>								<i>✓</i>							
<i>40pdt-040805-168</i>		<i>1257</i>				<i>✓</i>		<i>✓</i>								<i>✓</i>							
<i>40pdt-040805-169</i>		<i>1300</i>				<i>✓</i>		<i>✓</i>								<i>✓</i>							
<i>40pdt-040805-170</i>		<i>1303</i>				<i>✓</i>		<i>✓</i>								<i>✓</i>							
<i>40pdt-040805-171</i>		<i>1306</i>				<i>✓</i>		<i>✓</i>								<i>✓</i>							

Possible Hazard Identification	Sample Disposal	(A fee may be assessed if samples are retained longer than 1 month)
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months	

Turn Around Time Required	QC Requirements (Specify)
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____	

1. Relinquished By <i>[Signature]</i>	Date <i>4/08/05</i>	Time <i>1500</i>	1. Received By <i>[Signature]</i>	Date <i>4-8-05</i>	Time <i>1500</i>
2. Relinquished By	Date	Time	2. Received By	Date	Time
3. Relinquished By	Date	Time	3. Received By	Date	Time

Comments <i>24 h. TAT</i>
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DISTRIBUTION: WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



## STL-4124 (0901)

Client

STL

STL Pittsburgh

450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

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*Comments*

**DISTRIBUTION:** WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



# Chain of Custody Record

SEVERN  
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Severn Trent Laboratories, Inc.

STL Pittsburgh  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)			Client <i>EQM</i>		Project Manager <i>S. J. [illegible]</i>		Date <i>4/01/05</i>		Chain of Custody Number <b>190037</b>							
Address <i>650 Summit St.</i>			Telephone Number (Area Code)/Fax Number <i>800 500 0875 / 513 825 9728</i>		Lab Number		Page <i>1</i> of <i>2</i>									
City <i>Warren</i>	State <i>OH</i>	Zip Code <i>44485</i>	Site Contact <i>A. R. [illegible]</i>		Lab Contact <i>M. Locks</i>		Analysis (Attach list if more space is needed)		Special Instructions/ Conditions of Receipt							
Project Name and Location (State) <i>Aluminum Sulfate Power Plant</i>			Carrier/Waybill Number													
Contract/Purchase Order/Quote No. <i>PO# 8661</i>																
Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date	Time	Matrix	Containers & Preservatives											
				Air	Aqueous	Sed.	Soil	Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH			
<i>40ydC-040105-98</i>		<i>4/01/05</i>	<i>1415</i>				<i>1</i>	<i>1</i>						<i>1</i>		
<i>40ydC-040105-99</i>			<i>1418</i>				<i>1</i>	<i>1</i>						<i>1</i>		
<i>40ydC-040105-100</i>			<i>1421</i>				<i>1</i>	<i>1</i>						<i>1</i>		
<i>40ydC-040105-101</i>			<i>1424</i>				<i>1</i>	<i>1</i>						<i>1</i>		
<i>40ydC-040105-102</i>			<i>1427</i>				<i>1</i>	<i>1</i>						<i>1</i>		
<i>40ydC-040105-103</i>			<i>1430</i>				<i>1</i>	<i>1</i>						<i>1</i>		
<i>40ydC-040105-104</i>			<i>1433</i>				<i>1</i>	<i>1</i>						<i>1</i>		
<i>40ydC-040105-105</i>			<i>1436</i>				<i>1</i>	<i>1</i>						<i>1</i>		
<i>40ydC-040105-106</i>			<i>1439</i>				<i>1</i>	<i>1</i>						<i>1</i>		
<i>40ydC-040105-107</i>			<i>1442</i>				<i>1</i>	<i>1</i>						<i>1</i>		
<i>40ydC-040105-108</i>			<i>1445</i>				<i>1</i>	<i>1</i>						<i>1</i>		
<i>40ydC-040105-109</i>			<i>1448</i>				<i>1</i>	<i>1</i>						<i>1</i>		
Possible Hazard Identification				Sample Disposal				(A fee may be assessed if samples are retained longer than 1 month)								
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown				<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months												
Turn Around Time Required				QC Requirements (Specify)												
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____																
1. Relinquished By		Date	Time	1. Received By		Date	Time									
<i>[Signature]</i>		<i>4/01/05</i>	<i>1625</i>	<i>Derry Burns</i>		<i>4/1/05</i>	<i>1625</i>									
2. Relinquished By		Date	Time	2. Received By		Date	Time									
3. Relinquished By		Date	Time	3. Received By		Date	Time									
Comments <i>* 24 hr. TTT</i>																



## STL-4124 (0901)

Client

STL

STL Pittsburgh

450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

Client <b>EQUIL</b>			Project Manager <b>SARJE DASH</b>						Date <b>4/6/05</b>		Chain of Custody Number <b>190038</b>										
Address <b>650 Summit St</b>			Telephone Number (Area Code)/Fax Number <b>800 300 0575 / 513 825 9729</b>						Lab Number		Page <b>2</b> of <b>2</b>										
City <b>LARKEN</b>		State <b>OH</b>	Zip Code <b>44485</b>		Site Contact <b>A. RAVIC</b>			Lab Contact <b>M. LOCK</b>			Analysis (Attach list if more space is needed)										
Project Name and Location (State) <b>NATION-GEIS Power Plant</b>					Carrier/Waybill Number																
Contract/Purchase Order/Quote No. <b>PO# 8661</b>					Matrix			Containers & Preservatives					Special Instructions/ Conditions of Receipt								
Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date	Time	Air	Aqueous	Sed.	Soil	Unpres.	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NaOH									ZnAc/ NaOH
<b>40ydC - 040105-110</b>		<b>4/6/05</b>	<b>1451</b>				✓	✓													✓
<b>40ydC - 040105-111</b>			<b>1454</b>				✓	✓													✓
<b>40ydC - 040105-111-M5</b>			<b>1457</b>				✓	✓													✓
<b>40ydC - 040105-112</b>			<b>1500</b>				✓	✓													✓
<b>40ydC - 040105-113</b>			<b>1503</b>				✓	✓													✓
<b>40ydC - 040105-114</b>			<b>1506</b>				✓	✓													✓
<b>40ydC - 040105-115</b>			<b>1509</b>				✓	✓													✓
<b>40ydC - 040105-116</b>			<b>1512</b>				✓	✓													✓
<b>40ydC - 040105-117</b>			<b>1515</b>				✓	✓					✓								
<b>40ydC - 040105-118</b>			<b>1518</b>				✓	✓					✓								
<b>40ydC - 040105-119</b>			<b>1521</b>				✓	✓					✓								
<b>40ydC - 040105-120</b>			<b>1524</b>				✓	✓					✓								
Possible Hazard Identification					Sample Disposal					(A fee may be assessed if samples are retained longer than 1 month)											
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown					<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months																
Turn Around Time Required					QC Requirements (Specify)																
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____																					
1. Relinquished By 				Date <b>4/6/05</b>	Time <b>1625</b>		1. Received By 				Date <b>4/1/05</b>	Time <b>1625</b>									
2. Relinquished By				Date	Time		2. Received By				Date	Time									
3. Relinquished By				Date	Time		3. Received By				Date	Time									

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## STL-4124 (0901)

---

*Client*

# STL

**Severn Trent Laboratories, Inc.**

Client <b>SQM</b>						Project Manager <b>Shirley Ann</b>						Date <b>3/17/05</b>				Chain of Custody Number <b>199251</b>									
Address <b>650 Summit St</b>						Telephone Number (Area Code)/Fax Number <b>800 500 0575 / 512 825 9728</b>						Lab Number				Page <b>1</b> of <b>1</b>									
City <b>Warren</b>		State <b>OH</b>		Zip Code <b>44485</b>		Site Contact <b>L. Rhoads</b>				Lab Contact <b>M. Loeb</b>				Analysis (Attach list if more space is needed)								Special Instructions/ Conditions of Receipt			
Project Name and Location (State) <b>Millwright's Power Plant</b>						Carrier/Waybill Number																			
Contract/Purchase Order/Quote No. <b>PO # 8111</b>						Matrix				Containers & Preservatives															
Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date	Time	Air	Aqueous	Sed.	Soil	Unpres.	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NaOH	ZnAc/ NaOH												
4Q <sub>p</sub> IC-031705-66		3/17/05	1245				✓	✓						✓											
4Q <sub>p</sub> IC-031705-67			1249				✓	✓						✓											
4Q <sub>p</sub> IC-031705-68			1253				✓	✓						✓											
4Q <sub>p</sub> IC-031705-69			1257				✓	✓						✓											
4Q <sub>p</sub> IC-031705-70			1301				✓	✓						✓											
4Q <sub>p</sub> IC-031705-71			1305				✓	✓						✓											
4Q <sub>p</sub> IC-031705-72			1309				✓	✓						✓											
4Q <sub>p</sub> IC-031705-73			1313				✓	✓						✓											
4Q <sub>p</sub> IC-031705-74			1317				✓	✓						✓											
4Q <sub>p</sub> IC-031705-75			1321				✓	✓						✓											
Possible Hazard Identification						Sample Disposal						(A fee may be assessed if samples are retained longer than 1 month)													
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown						<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months																			
Turn Around Time Required						QC Requirements (Specify)																			
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____																									
1. Relinquished By				Date		Time		1. Received By				Date		Time											
<b>[Signature]</b>				3/17/05		1705		<b>Al Waidet</b>				3-17-05		1705											
2. Relinquished By				Date		Time		2. Received By				Date		Time											
3. Relinquished By				Date		Time		3. Received By				Date		Time											

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# Chain of Custody Record

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**STL**  
Severn Trent Laboratories, Inc.

**STL Pittsburgh**  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)

Client <i>EQM</i>			Project Manager <i>Sackie</i>			Date <i>3/16/05</i>			Chain of Custody Number <b>190033</b>								
Address <i>650 Summit St</i>			Telephone Number (Area Code)/Fax Number <i>80500 0575 513 825 9728</i>			Lab Number			Page <u>1</u> of <u>2</u>								
City <i>Warren</i>	State <i>OH</i>	Zip Code <i>44485</i>	Site Contact <i>A. Ravis</i>			Lab Contact <i>M. Loers</i>			Analysis (Attach list if more space is needed)								
Project Name and Location (State) <i>WINDING GATE POWER PLANT</i>			Carrier/Waybill Number														
Contract/Purchase Order/Quote No. <i>PCA 8661</i>			Matrix			Containers & Preservatives			Special Instructions/ Conditions of Receipt								
Sample I.D. No. and Description (Containers for each sample may be combined on one line)			Date	Time	Air	Aqueous	Sed.	Soil				Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH
<i>40ydC-031605-47</i>	<i>3/16/05</i>	<i>1410</i>															
<i>40ydC-031605-48</i>		<i>1414</i>															
<i>40ydC-031605-49</i>		<i>1418</i>															
<i>40ydC-031605-50</i>		<i>1422</i>															
<i>40ydC-031605-51</i>		<i>1426</i>															
<i>40ydC-031605-52</i>		<i>1430</i>															
<i>40ydC-031605-53</i>		<i>1434</i>															
<i>40ydC-031605-54</i>		<i>1438</i>															
<i>40ydC-031605-55</i>		<i>1442</i>															
<i>40ydC-031605-55-MS</i>		<i>1442</i>															
<i>40ydC-031605-56</i>		<i>1446</i>															
<i>40ydC-031605-57</i>		<i>1450</i>															
Possible Hazard Identification			Sample Disposal						(A fee may be assessed if samples are retained longer than 1 month)								
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown			<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months														
Turn Around Time Required			QC Requirements (Specify)														
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____																	
1. Relinquished By <i>[Signature]</i>		Date <i>3/16/05</i>	Time <i>4:30</i>	1. Received By <i>[Signature]</i>		Date <i>3/16/05</i>	Time <i>4:30</i>										
2. Relinquished By		Date	Time	2. Received By		Date	Time										
3. Relinquished By		Date	Time	3. Received By		Date	Time										
Comments <i>* 24 hr. TAT</i>																	

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STL Pittsburgh  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)

Client <i>EQM</i>			Project Manager <i>SACATE John</i>			Date <i>3/16/05</i>			Chain of Custody Number <b>190034</b>												
Address <i>650 Summit St</i>			Telephone Number (Area Code)/Fax Number <i>800 500 575 / 513 925 9728</i>			Lab Number			Page <i>2</i> of <i>2</i>												
City <i>WARREN</i>	State <i>OH</i>	Zip Code <i>44485</i>	Site Contact <i>L. Ravis</i>			Lab Contact <i>M. Lucas</i>			Analysis (Attach list if more space is needed)												
Project Name and Location (State) <i>MAHONING STEEL Foundry Plant</i>			Carrier/Waybill Number			<div style="border: 1px solid black; padding: 5px;"> <i>PR3 8082</i> </div>			Special Instructions/ Conditions of Receipt												
Contract/Purchase Order/Quote No. <i>NO# 8661</i>																					
Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date	Time	Matrix				Containers & Preservatives													
				Air	Aqueous	Sed.	Soil	Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH								
<i>40ydC-031605-58</i>		<i>3/16/05</i>	<i>1454</i>				<i>✓</i>	<i>✓</i>							<i>✓</i>						
<i>40ydC-031605-59</i>			<i>1458</i>				<i>✓</i>	<i>✓</i>							<i>✓</i>						
<i>40ydC-031605-60</i>			<i>1502</i>				<i>✓</i>	<i>✓</i>							<i>✓</i>						
<i>40ydC-031605-61</i>			<i>1506</i>				<i>✓</i>	<i>✓</i>							<i>✓</i>						
<i>40ydC-031605-62</i>			<i>1508</i>				<i>✓</i>	<i>✓</i>							<i>✓</i>						
<i>40ydC-031605-63</i>			<i>1514</i>				<i>✓</i>	<i>✓</i>							<i>✓</i>						
<i>40ydC-031605-64</i>			<i>1519</i>				<i>✓</i>	<i>✓</i>							<i>✓</i>						
<i>40ydC-031605-65</i>			<i>1523</i>				<i>✓</i>	<i>✓</i>							<i>✓</i>						
<i>TEMPERATURE</i>																					
Possible Hazard Identification				Sample Disposal				(A fee may be assessed if samples are retained longer than 1 month)													
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown				<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months																	
Turn Around Time Required				QC Requirements (Specify)																	
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____																					
1. Relinquished By		Date	Time	1. Received By		Date	Time														
<i>[Signature]</i>		<i>3/16/05</i>	<i>4:30</i>	<i>Gerry Bruno</i>		<i>3/16/05</i>	<i>4:30</i>														
2. Relinquished By		Date	Time	2. Received By		Date	Time														
3. Relinquished By		Date	Time	3. Received By		Date	Time														

Comments

*\* 24 hr. TTT*

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STL Pittsburgh  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

STL-4124 (0901)		Client <b>EQM</b>		Project Manager <b>JACKIE LOAN</b>		Date <b>3/11/05</b>		Chain of Custody Number <b>190031</b>												
Address <b>650 SUMMIT ST.</b>		Telephone Number (Area Code)/Fax Number <b>800 500 0575 513 825 9728</b>		Lab Number		Page <b>1</b> of <b>2</b>														
City <b>WARREN</b>	State <b>OH</b>	Zip Code <b>44485</b>	Site Contact <b>A. RAVIS</b>	Lab Contact <b>M. LOES</b>	Analysis (Attach list if more space is needed)															
Project Name and Location (State) <b>MAHOUTIGSIE POWER PLANT</b>			Carrier/Waybill Number																	
Contract/Purchase Order/Quote No. <b>PO# 8661</b>			Matrix		Containers & Preservatives		Special Instructions/Conditions of Receipt													
Sample I.D. No. and Description (Containers for each sample may be combined on one line)		Date	Time	Air	Aqueous	Sed.	Soil	Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH							
40ydC-031105-34		3/11/05	1400				✓	✓						✓						
40ydC-031105-35			1403				✓	✓						✓						
40ydC-031105-36			1406				✓	✓						✓						
40ydC-031105-37			1409				✓	✓						✓						
40ydC-031105-37-M3			1412				✓	✓						✓						
40ydC-031105-38			1415				✓	✓						✓						
40ydC-031105-39			1418				✓	✓						✓						
40ydC-031105-40			1421				✓	✓						✓						
40ydC-031105-41			1424				✓	✓						✓						
40ydC-031105-42			1427				✓	✓						✓						
40ydC-031105-43			1430				✓	✓						✓						
40ydC-031105-44			1433				✓	✓						✓						
Possible Hazard Identification				Sample Disposal				(A fee may be assessed if samples are retained longer than 1 month)												
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown				<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months																
Turn Around Time Required				QC Requirements (Specify)																
<input checked="" type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____																				
1. Relinquished By		Date	Time	1. Received By		Date	Time													
<b>[Signature]</b>		3/11/05	4:20	<b>[Signature]</b>		3/11/05	4:20													
2. Relinquished By		Date	Time	2. Received By		Date	Time													
3. Relinquished By		Date	Time	3. Received By		Date	Time													
Comments <b>* 24 hr. TAT</b>																				

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## STL-4124 (0901)

Client

STL

STL Pittsburgh

450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

Client <b>EQUIL</b>			Project Manager <b>JACKIE LOAN</b>						Date <b>3/11/05</b>			Chain of Custody Number <b>190032</b>																
Address <b>650 Summit St.</b>			Telephone Number (Area Code)/Fax Number <b>800 5000575 / 513 825 9723</b>						Lab Number			Page <b>2</b> of <b>2</b>																
City <b>WARREN</b>		State <b>OH</b>	Zip Code <b>44485</b>		Site Contact <b>A. Kovic</b>			Lab Contact <b>M. Loebs</b>			Analysis (Attach list if more space is needed)										Special Instructions/ Conditions of Receipt							
Project Name and Location (State) <b>MAHONISTON GOLF COURSE POINT</b>					Carrier/Waybill Number																							
Contract/Purchase Order/Quote No. <b>PO# 8661</b>					Matrix			Containers & Preservatives																				
Sample I.D. No. and Description (Containers for each sample may be combined on one line)			Date	Time	Air	Aqueous	Sed.	Soil	Unpres.	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NaOH	ZnAc/ NaOH														
<b>4QdC-031105-45</b>			<b>3/11/05</b>	<b>1436</b>				✓	✓							<b>PUB 808Z</b>	<b>TEMP</b>											
<b>4QdC-031105-46</b>			↓	<b>1439</b>				✓	✓							✓												
<b>TEMP BLANK</b>			↓	<b>-</b>				✓	✓							✓												
<div><div>Possible Hazard Identification</div><div><input checked="" type="checkbox"/> Non-Hazard    <input type="checkbox"/> Flammable    <input type="checkbox"/> Skin Irritant    <input type="checkbox"/> Poison B    <input type="checkbox"/> Unknown    <input type="checkbox"/> Return To Client    <input checked="" type="checkbox"/> Disposal By Lab    <input type="checkbox"/> Archive For _____ Months</div><div>Turn Around Time Required    QC Requirements (Specify)</div><div><input checked="" type="checkbox"/> 24 Hours    <input type="checkbox"/> 48 Hours    <input type="checkbox"/> 7 Days    <input type="checkbox"/> 14 Days    <input type="checkbox"/> 21 Days    <input type="checkbox"/> Other _____</div></div>																					1. Relinquished By <b>[Signature]</b>		Date <b>3/11/05</b>	Time <b>4:20</b>	1. Received By <b>Derry Burns</b>		Date <b>3/11/05</b>	Time <b>4:20</b>
2. Relinquished By																							Date	Time	2. Received By		Date	Time
3. Relinquished By																							Date	Time	3. Received By		Date	Time

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## STL-4124 (0901)

# STL

<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Site Contact</b>	<b>Lab Contact</b>	<b>Analysis (Attach list if more space is needed)</b>								<b>Special Instructions/ Remarks</b>
WARREN	OH	44485	A. RAUFS	M. LOCKS	/								
<b>Project Name and Location (State)</b>			<b>Carrier/Waybill Number</b>										
MARIETTA CO Power Plant													

Possible Hazard Identification					Sample Disposal			(A fee may be assessed if samples are retained longer than 1 month)
<input type="checkbox"/> Non-Hazard	<input type="checkbox"/> Flammable	<input type="checkbox"/> Skin Irritant	<input type="checkbox"/> Poison B	<input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client	<input checked="" type="checkbox"/> Disposal By Lab	<input type="checkbox"/> Archive For _____ Months	

Comments \* 24 h TAT

**DISTRIBUTION:** WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



## STL-4124 (0901)

Client

# STL

Client EQ111	Project Manager J. K. T. Down	Date 3/7/05	Chain of Custody Number 199249
Address 650 Summit St.	Telephone Number (Area Code)/Fax Number 1800 500 2375	Lab Number	Page 1 of 1

[illegible]



Contract/Purchase Order/Quote No. PO # 8661	Matrix	Containers & Preservatives	808						Conditions of Receipt
--	--------	----------------------------	-----	--	--	--	--	--	-----------------------

[illegible]

Possible Hazard Identification					Sample Disposal			(A fee may be assessed if samples are retained longer than 1 month)
<input checked="" type="checkbox"/> Non-Hazard	<input type="checkbox"/> Flammable	<input type="checkbox"/> Skin Irritant	<input type="checkbox"/> Poison B	<input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client	<input checked="" type="checkbox"/> Disposal By Lab	<input type="checkbox"/> Archive For _____ Months	

Turn Around Time Required ☒ 24 Hours ☐ 48 Hours ☐ 7 Days ☐ 14 Days ☐ 21 Days ☐ Other \_\_\_\_\_

QC Requirements (Specify) \_\_\_\_\_

1. Relinquished By	Date	Time	1. Received By	Date	Time
	3/7/05	1540		3-7-05	1540
2. Relinquished By	Date	Time	2. Received By	Date	Time
3. Relinquished By	Date	Time	3. Received By	Date	Time

Comments
* 24/11/2017

**DISTRIBUTION:** WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



## STL-4124 (0901)

# STL

**DISTRIBUTION:** WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



## STL-4124 (0901)

# STL

**Severn Trent Laboratories, Inc.**

STL-4124 (0901)

### Possible Hazard Identification

☒ Non-Hazard    ☐ Flammable    ☐ Skin Irritant    ☐ Poison B    ☐ Unknown

*Sample Disposal*

☐ *Return To Client*☐ Disposal By Lab☐ Archive For

         Months

(A fee may be assessed if samples are retained longer than 1 month)

### Turn Around Time Required

☒ 24 Hours    ☐ 48 Hours    ☐ 7 Days    ☐ 14 Days    ☐ 21 Days    ☐ Other.

QC Requirements (Specify)

### 1. Relinquished By

Date \_\_\_\_\_

Time

1. Received By

Date \_\_\_\_\_

Time

## 2. Relinquished By

Date \_\_\_\_\_

Time

2. Received By

Date \_\_\_\_\_

Time

### 3. Relinquished By

Date \_\_\_\_\_

Time

3. Received By

Date \_\_\_\_\_

Time

---

*Comments*

**DISTRIBUTION:** WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



# Chain of Custody Record

SEVERN  
TRENT

STL

Severn Trent Laboratories, Inc.

STL-4124 (0901)

Client <i>EQ III</i>			Project Manager <i>SHIRIE JOHN</i>			Date <i>3/02/05</i>			Chain of Custody Number <b>199246</b>						
Address <i>650 SUMMIT ST.</i>			Telephone Number (Area Code)/Fax Number <i>1 800 500 0575</i>			Lab Number			Page <i>1</i> of <i>1</i>						
City <i>WARREN</i>	State <i>OH</i>	Zip Code <i>44485</i>	Site Contact <i>A. RAVIS</i>			Lab Contact <i>HL LOER</i>			Analysis (Attach list if more space is needed)						
Project Name and Location (State) <i>WATERING'S POWER PLANT</i>			Carrier/Waybill Number												
Contract/Purchase Order/Quote No. <i>P.O.# 8061</i>			Matrix			Containers & Preservatives			Special Instructions/ Conditions of Receipt						
Sample I.D. No. and Description (Containers for each sample may be combined on one line)			Date	Time	Air	Aqueous	Sed.	Soil				Unpres.	H2SO4	HNO3	HCl
<i>40ydc-030205-1</i>			<i>3/02/05</i>	<i>1500</i>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<i>✓</i>
<i>40ydc-030205-2</i>				<i>1503</i>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<i>✓</i>
<i>40ydc-030205-3</i>				<i>1507</i>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<i>✓</i>
<i>40ydc-030205-4</i>				<i>1510</i>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<i>✓</i>
<i>40ydc-030205-5</i>				<i>1513</i>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<i>✓</i>
<i>40ydc-030205-5-1115</i>				<i>1513</i>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<i>✓</i>
<i>40ydc-030205-6</i>				<i>1516</i>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<i>✓</i>

Possible Hazard Identification			Sample Disposal			(A fee may be assessed if samples are retained longer than 1 month)			
<input checked="" type="checkbox"/> Non-Hazard	<input type="checkbox"/> Flammable	<input type="checkbox"/> Skin Irritant	<input type="checkbox"/> Poison B	<input type="checkbox"/> Unknown	<input type="checkbox"/> Return To Client	<input checked="" type="checkbox"/> Disposal By Lab	<input type="checkbox"/> Archive For _____ Months		
Turn Around Time Required			QC Requirements (Specify)						
<input checked="" type="checkbox"/> 24 Hours	<input type="checkbox"/> 48 Hours	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days	<input type="checkbox"/> 21 Days	<input type="checkbox"/> Other _____				
1. Relinquished By <i>[Signature]</i>			Date <i>3/02/05</i>	Time <i>5:05pm</i>	1. Received By <i>[Signature]</i>			Date <i>3/02/05</i>	Time <i>5:05pm</i>
2. Relinquished By			Date	Time	2. Received By			Date	Time
3. Relinquished By			Date	Time	3. Received By			Date	Time

Comments  
*\* 24 hr TAT*

DISTRIBUTION: WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



**Beodray, Frank**

**From:** Jackie Doan [jdoan@eqm.com]  
**Sent:** Tuesday, February 01, 2005 9:50 AM  
**To:** Beodray, Frank  
**Subject:** Mahoningside Info

## Waste Characterization Parameters

TCLP VOAs (1311/8260), TCLP SVOAs (1311/8270), TCLP RCRA Metals (1311/6010, 7470), Flash (1010/1020), pH (9045), Reactivity - CN & S (7.7), PCBs (8082), Halides (9023)

The above will go to one lab, the asbestos will go to  
 EMSL  
 108 Hadden  
 Westmont, NJ 08108  
 (800) 220-3675

PLM

Thanks

Jackie Doan  
 Director of Quality  
 Environmental Quality Management, Inc.  
 1800 Carillon Blvd  
 Cincinnati, OH 45240  
 (513)825-7500  
 fax 742-7205  
[www.eqm.com](http://www.eqm.com)

6" sampling (9 samples) → 100 lbs  
 Ditch/accident → 3 samples → 100 lbs  
 → Debbie Durkin: Diamond - with Plan  
 STL → N. Canton  
 40 days - Feb. 14 - April 6<sup>th</sup>  
 Rush TAT → 5 day - NO lab - Pre  
 city - 7 - week - PCB Components  
 2 person job - who analyze

The information contained in this electronic message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are informed that any dissemination, copying or disclosure of the material contained herein, to include any attachments, in whole or in part, is strictly prohibited. If you have received this transmission in error, please notify the sender and purge this message.

Jackie Doan  
 (513) 825-9728  
 fax



**Beodray, Frank**

---

**From:** ANDREW KIEL [akiel1@sbcglobal.net]

**Sent:** Tuesday, February 01, 2005 10:58 AM

**To:** Beodray, Frank

Frank,

There are two analytical methods for asbestos in soil is:

Polarized Light Microscopy (PLM) / EPA Region I 1994 Proprietary Method  
Asbestos % by volume = \$15.00/sample

Transmission Electron Microscopy (TEM) / Modified EPA Region I  
Gravimetric Reduction % by Weight = \$120.00/sample

There is no written clean-up standard for asbestos in soil. The clean-up criteria is determined by 1) written in the specification, or 2) determined by the EPA.

Normal turn-around for both methods is 5 business days.

I contacted International Asbestos Testing Laboratories in Mt. Laurel, New Jersey. (I don't know if there are any local laboratories that perform these analytical methods). Their phone number is (856) 231-9449. Ask for Shirley.

I understand that EPA has developed a sampling strategy for sampling asbestos-contaminated soil. I will be receiving this document later today.

Call me if you have questions.

Andy

2/1/2005



\_\_\_\_\_

STL

**STL Pittsburgh**  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

[illegible]

☒ Non-Hazard    ☐ Flammable    ☐ Skin Irritant    ☐ Poison B    ☐ Unknown

☐ *Return To Client*

☒ Disposal By Lab

☐ Archive For \_\_\_\_\_ Months

(A fee may be assessed if samples are retained longer than 1 month)

☐ 24 Hours    ☐ 48 Hours    ☐ 7 Days    ☐ 14 Days    ☐ 21 Days☒ Other 3 DAY

QC Requirements (Specify)

Date	Time
02/01/05	1700

1. Received By	
----------------	--

Date \_\_\_\_\_ Time \_\_\_\_\_

## 2. Relinquished By

Date	Time
------	------

2. Received By	
----------------	--

Date	Time
------	------

### 3. Relinquished By

Date	Time
------	------

3. Received By

Date	Time
------	------

---

*Comments*

**DISTRIBUTION:** WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy



\_\_\_\_\_

STL

**STL Pittsburgh**  
450 William Pitt Way, Bldg. 6  
Pittsburgh, PA 15238

[illegible]

---

*Comments*

**DISTRIBUTION:** WHITE - Returned to Client with Report; CANARY - Stays with the Sample; PINK - Field Copy





EMSL Analytical, Inc.  
Revised January, 2000

## CHAIN OF CUSTODY

**Asbestos**

### EMSL Rep:

Your Company

Name:

Street:

Box #:

City/State:

Phone Results to:

Name:

Telephone #:

Project

Name/Number:

EMSL-Bill to:

Street:

Box #:

City/State:

Fax Results to:

Name:

Fax #:

Purchase Order #:

Third Party Billing requires written authorization from third party

### MATRIX

### TURNAROUND

<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Soil	<input type="checkbox"/> Micro-Vac	<input type="checkbox"/> 3 hrs	<input type="checkbox"/> 6 Hours	<input type="checkbox"/> Same Day or 12 Hours*	<input type="checkbox"/> 24 Hours (1 day)
<input type="checkbox"/> Bulk	<input type="checkbox"/> Drinking Water		<input type="checkbox"/> 48 Hours (2 days)	<input checked="" type="checkbox"/> 72 Hours (3 days)	<input type="checkbox"/> 96 Hours (4 days)	<input type="checkbox"/> 120 Hours (5 Days)
<input type="checkbox"/> Wipe	<input type="checkbox"/> Wastewater		<input type="checkbox"/> 144+ hours (6-10 Days)			

Please call ahead to schedule TEM AIR, 3 hours, 6 hours. There is a premium charge for 3 hour TAT; call 1-800-220-3675 for price prior to sending samples. You will be asked to sign an authorization form for this service.

\* 12 hours must arrive by 11:00 am Mon. - Fri. Please Refer to Price Quote

#### PCM - Air

- ☒ NIOSH 7400 (A) Issue 2: August 1994  
☐ OSHA w/TWA  
☐ Other:

#### TEM AIR

- ☐ AHERA 40 CFR, Part 763 Subpart E  
☐ NIOSH 7402 Issue 2  
☐ EPA Level II

#### TEM WATER

- ☐ EPA 100.1  
☐ EPA 100.2  
☐ NYS 198.2

#### PLM - Bulk

- ☐ EPA 600/R-93/116  
☐ EPA Point Count  
☐ NY Stratified Point Count  
☐ PLM NOB (Gravimetric) NYS 198.1  
☐ NIOSH 9002  
☐ EMSL Standard Addition

#### TEM BULK

- ☐ Drop Mount (Qualitative)  
☐ Chatfield SOP-1988-02  
☐ TEM NOB (Gravimetric) NY 198.4  
☐ EMSL Standard Addition

#### TEM MICROVAC / WIPE

- ☐ ASTM D 5755-95 quantitative  
☐ Wipe Qualitative

#### SEM Air or Bulk

- ☐ Qualitative  
☐ Quantitative

#### PLM Soil

- ☐ EPA Protocol Qualitative  
☐ EPA Protocol Quantitative  
☐ EMSL MSD 9000 Method fibers/gram

#### XRD

- ☐ Asbestos  
☐ Silica NIOSH 7500

#### OTHER

☐

Client Sample # (s)

Total Samples #:

Relinquished:

Date:

Time:

Received:

Date:

Time:

Relinquished:

Date:

Time:

Received:

Date:

Time:

Relinquished:

Date:

Time:

Received:

Date:

Time:



[illegible]





EMSL Analytical, Inc.  
Revised January, 2000

## CHAIN OF CUSTODY

**Asbestos**

### EMSL Rep:

Your Company

Name:

Street:

Box #:

City/State:

Phone Results to:

Name:

Telephone #:

Project

Name/Number:

EMSL-Bill to:

Street:

Box #:

City/State:

Fax Results to:

Name:

Fax #:

Purchase Order #:

Third Party Billing requires written authorization from third party

### MATRIX

<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Soil	<input type="checkbox"/> Micro-Vac	<input type="checkbox"/> 3 hrs	<input type="checkbox"/> 6 Hours	<input type="checkbox"/> Same Day or 12 Hours*	<input type="checkbox"/> 24 Hours (1 day)
<input type="checkbox"/> Bulk	<input type="checkbox"/> Drinking Water		<input type="checkbox"/> 48 Hours (2 days)	<input checked="" type="checkbox"/> 72 Hours (3 days)	<input type="checkbox"/> 96 Hours (4 days)	<input type="checkbox"/> 120 Hours (5 Days)
<input type="checkbox"/> Wipe	<input type="checkbox"/> Wastewater		<input type="checkbox"/> 144+ hours (6-10 Days)			

### TURNAROUND

Please call ahead to schedule TEM AIR, 3 hours, 6 hours. There is a premium charge for 3 hour TAT; call 1-800-220-3675 for price prior to sending samples. You will be asked to sign an authorization form for this service.

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### PCM - Air

- ☒ NIOSH 7400 (A) Issue 2: August 1994  
☐ OSHA w/TWA  
☐ Other:

### TEM AIR

- ☐ AHERA 40 CFR, Part 763 Subpart E  
☐ NIOSH 7402 Issue 2  
☐ EPA Level II

### TEM WATER

- ☐ EPA 100.1  
☐ EPA 100.2  
☐ NYS 198.2

### PLM - Bulk

- ☐ EPA 600/R-93/116  
☐ EPA Point Count  
☐ NY Stratified Point Count  
☐ PLM NOB (Gravimetric) NYS 198.1  
☐ NIOSH 9002  
☐ EMSL Standard Addition

### TEM BULK

- ☐ Drop Mount (Qualitative)  
☐ Chatfield SOP-1988-02  
☐ TEM NOB (Gravimetric) NY 198.4  
☐ EMSL Standard Addition

### TEM MICROVAC / WIPE

- ☐ ASTM D 5755-95 quantitative  
☐ Wipe Qualitative

### SEM Air or Bulk

- ☐ Qualitative  
☐ Quantitative

### PLM Soil

- ☐ EPA Protocol Qualitative  
☐ EPA Protocol Quantitative  
☐ EMSL MSD 9000 Method fibers/gram

### XRD

- ☐ Asbestos  
☐ Silica NIOSH 7500

### OTHER

Client Sample # (s)

Total Samples #:

Relinquished:

Date:

Time:

Received:

Date:

Time:

Relinquished:

Date:

Time:

Received:

Date:

Time:

Relinquished:

Date:

Time:

Received:

Date:

Time:



[illegible]





EMSL Analytical, Inc.  
Revised January, 2000

## CHAIN OF CUSTODY

Asbestos

### EMSL Rep:

#### Your Company

Name:

Street:

Box #:

City/State:

Phone Results to:

Name:

Telephone #:

Project

Name/Number:

#### EMSL-Bill to:

Street:

Box #:

City/State:

Fax Results to:

Name:

Fax #:

Purchase Order #:

Third Party Billing requires written authorization from third party

### MATRIX

### TURNAROUND

<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Soil	<input type="checkbox"/> Micro-Vac	<input type="checkbox"/> 3 hrs	<input type="checkbox"/> 6 Hours	<input type="checkbox"/> Same Day or 12 Hours*	<input type="checkbox"/> 24 Hours (1 day)
<input type="checkbox"/> Bulk	<input type="checkbox"/> Drinking Water		<input type="checkbox"/> 48 Hours (2 days)	<input checked="" type="checkbox"/> 72 Hours (3 days)	<input type="checkbox"/> 96 Hours (4 days)	<input type="checkbox"/> 120 Hours (5 Days)
<input type="checkbox"/> Wipe	<input type="checkbox"/> Wastewater		<input type="checkbox"/> 144+ hours (6-10 Days)			

Please call ahead to schedule TEM AIR, 3 hours, 6 hours. There is a premium charge for 3 hour TAT; call 1-800-220-3675 for price prior to sending samples. You will be asked to sign an authorization form for this service.

\* 12 hours must arrive by 11:00 am Mon. - Fri. Please Refer to Price Quote

#### PCM - Air

☒ NIOSH 7400 (A) Issue 2: August 1994

☐ OSHA w/TWA

☐ Other:

#### TEM AIR

☐ AHERA 40 CFR, Part 763 Subpart E

☐ NIOSH 7402 Issue 2

☐ EPA Level II

#### TEM WATER

☐ EPA 100.1

☐ EPA 100.2

☐ NYS 198.2

#### PLM - Bulk

☐ EPA 600/R-93/116

☐ EPA Point Count

☐ NY Stratified Point Count

☐ PLM NOB (Gravimetric) NYS 198.1

☐ NIOSH 9002

☐ EMSL Standard Addition

#### TEM BULK

☐ Drop Mount (Qualitative)

☐ Chatfield SOP-1988-02

☐ TEM NOB (Gravimetric) NY 198.4

☐ EMSL Standard Addition

#### TEM MICROVAC / WIPE

☐ ASTM D 5755-95 quantitative

☐ Wipe Qualitative

#### SEM Air or Bulk

☐ Qualitative

☐ Quantitative

#### PLM Soil

☐ EPA Protocol Qualitative

☐ EPA Protocol Quantitative

☐ EMSL MSD 9000 Method fibers/gram

#### XRD

☐ Asbestos

☐ Silica NIOSH 7500

#### OTHER

☐

Client Sample # (s)

Total Samples #:

Relinquished:

Date:

Time:

Received:

Date:

Time:

Relinquished:

Date:

Time:

Received:

Date:

Time:

Relinquished:

Date:

Time:

Received:

Date:

Time:





SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	VOLUME (If Applicable)
MPP-022805-S	PCM South	912 Lpm
MPP-022805-E	PCM East	1176 Lpm
MPP-022805-N	PCM North	960 Lpm
MPP-022805-O	PCM Operator	1056 Lpm
MPP-022805-W	PCM West	1152 Lpm
MPP-022805-B	PCM Blank	N/A
MPP-030105-S	PCM South	1008 Lpm
MPP-030105-E	PCM East	1200 Lpm
MPP-030105-N	PCM North	1008 Lpm
MPP-030105-O	PCM Operator	1128 Lpm
MPP-030105-W	PCM West	1320 Lpm
MPP-030105-B	PCM Blank	N/A
MPP-030205-W	PCM West	1224 Lpm
MPP-030205-S	PCM South	960 Lpm
MPP-030205-E	PCM East	1200 Lpm
MPP-030205-N	PCM North	936 Lpm
MPP-030205-O	PCM Operator	439 Lpm
MPP-030205-B	PCM Blank	N/A
MPP-030305-W	PCM West	<sup>AS</sup> <del>1008 Lpm</del> 1200 Lpm
MPP-030305-S	PCM South	1008 Lpm
MPP-030305-O	PCM Operator	960 Lpm
MPP-030305-E	PCM East	1200 Lpm
MPP-030305-N	PCM North	960 Lpm
MPP-030305-B	PCM Blank	N/A





EMSL Analytical, Inc.  
Revised January, 2000

# CHAIN OF CUSTODY

Asbestos

## EMSL Rep:

### Your Company

Name: WESTON SOLUTIONS  
Street: 6777 ENGLE RD SUITE C  
Box #: \_\_\_\_\_  
City/State: Middleburg Hts. Zip 44130  
Phone Results to: \_\_\_\_\_  
Name: FRANK BEONRAY  
Telephone #: (440) 239-1978 x 104  
Project Name/Number: MALDEN/6516 Police Point

### EMSL-Bill to:

Street: JACKIE LOAN  
Box #: 1800 CHELSEA BLVD  
City/State: CINCINNATI Zip 45240  
Fax Results to: \_\_\_\_\_  
Name: JACKIE LOAN  
Fax #: (513) 825-9728  
Purchase Order #: \_\_\_\_\_

Third Party Billing requires written authorization from third party

## MATRIX

## TURNAROUND

<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Soil	<input type="checkbox"/> Micro-Vac	<input type="checkbox"/> 3 hrs	<input type="checkbox"/> 6 Hours	<input type="checkbox"/> Same Day or 12 Hours*	<input type="checkbox"/> 24 Hours (1 day)
<input type="checkbox"/> Bulk	<input type="checkbox"/> Drinking Water		<input type="checkbox"/> 48 Hours (2 days)	<input checked="" type="checkbox"/> 72 Hours (3 days)	<input type="checkbox"/> 96 Hours (4 days)	<input type="checkbox"/> 120 Hours (5 Days)
<input type="checkbox"/> Wipe	<input type="checkbox"/> Wastewater		<input type="checkbox"/> 144+ hours (6-10 Days)			

Please call ahead to schedule TEM AIR, 3 hours, 6 hours. There is a premium charge for 3 hour TAT; call 1-800-220-3675 for price prior to sending samples. You will be asked to sign an authorization form for this service.

\* 12 hours must arrive by 11:00 am Mon. - Fri. Please Refer to Price Quote

### PCM - Air

- ☒ NIOSH 7400 (A) Issue 2: August 1994  
☐ OSHA w/TWA  
☐ Other:

### TEM AIR

- ☐ AHERA 40 CFR, Part 763 Subpart E  
☐ NIOSH 7402 Issue 2  
☐ EPA Level II

### TEM WATER

- ☐ EPA 100.1  
☐ EPA 100.2  
☐ NYS 198.2

### PLM - Bulk

- ☐ EPA 600/R-93/116  
☐ EPA Point Count  
☐ NY Stratified Point Count  
☐ PLM NOB (Gravimetric) NYS 198.1  
☐ NIOSH 9002  
☐ EMSL Standard Addition

### TEM BULK

- ☐ Drop Mount (Qualitative)  
☐ Chatfield SOP-1988-02  
☐ TEM NOB (Gravimetric) NY 198.4  
☐ EMSL Standard Addition

### TEM MICROVAC / WIPE

- ☐ ASTM D 5755-95 quantitative  
☐ Wipe Qualitative

### SEM Air or Bulk

- ☐ Qualitative  
☐ Quantitative

### PLM Soil

- ☐ EPA Protocol Qualitative  
☐ EPA Protocol Quantitative  
☐ EMSL MSD 9000 Method fibers/gram

### XRD

- ☐ Asbestos  
☐ Silica NIOSH 7500

### OTHER

Client Sample # (s) MPP-032105-EX - MPP-041505-LB Total Samples #: 28

Relinquished: [Signature] Date: 4/28/05 Time: 1400

Received: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Relinquished: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Relinquished: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_





SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	VOLUME (If Applicable)
MPP-032105-EX	PCM Excavator	1104
MPP-032105-BD	PCM Bulldozer	1080
MPP-032205-EX	PCM Excavator	1104
MPP-032205-BD	PCM Bulldozer	1056
MPP-032305-EX	PCM Excavator	576
MPP-032305-BD	PCM Bulldozer	984
MPP-032305-BL	PCM Blank	N/A (GRAB)
MPP-033005-EX	PCM Excavator	1008
<del>MPP-033005-BD</del>	<del>PCM</del> <del>ATC</del>	
MPP-033005-DT	PCM Dumptruck	960
MPP-033105-EX	PCM Excavator	1200
MPP-033105-LB	PCM Laborer	1152
MPP-040105-EX	PCM excavator	1200
MPP-040105-BD	PCM Bulldozer	1152
MPP-040105-BL	PCM Blank	N/A GRAB
MPP-040505-BD	PCM Bulldozer	1200
MPP-040505-EX	PCM excavator	1152
MPP-040605-EX	PCM excavator	1200
MPP-040605-DT	PCM dumptruck	1152
MPP-040705-EX	PCM excavator	1200
MPP-040705-LB	PCM Laborer	1152
MPP-040805-EX	PCM excavator	1200
MPP-040805-DT	PCM dumptruck	1152
MPP-041305-DT	PCM dumptruck	1200
MPP-041305-EX	PCM excavator	1152
MPP-041405-LB	PCM Laborer	1200
MPP-041405-EX	PCM excavator	1152





# CHAIN OF CUSTODY

**Asbestos**

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION		VOLUME (If Applicable)
MPP-041505-EX	PCM	excavato-	768
MPP-041505-LB	PCM	Leburon	800





Environmental Quality  
Management, Inc.

ANALYSIS REQUEST AND  
CHAIN OF CUSTODY RECORD

Reference Document No. A- 4503  
Page 1 of 1

Project Name Mahoning Power Plant Lab Destination ECC  
Project Number 3141-65 Lab Contact/Phone 513 489 2001  
Project Manager Eric Bowman Lab Purchase Order No. \_\_\_\_\_  
Sample Team Leader Kimble Carrier/Waybill No. \_\_\_\_\_

Report to: Mark Jarski  
EQM  
1316 Kemper Meadow  
Cincinnati, Ohio 45240  
Bill to: (See Above)

ONE CONTAINER PER LINE

Sample Number	Sample Description/Type	Date/Time Collected	Container Type	Sample Volume	Pre-servative	Requested Analytical Method/(Parameters)	Condition on Receipt (Lab)
MP-SW-001	solid, East wall	1/15/00 1520	4oz jar	4oz	N/A	PCBs	
MP-SW-002	solid, Northeast corner	1600	↓	↓	↓	↓	
MP-B-E	solid, east floor	1620	↓	↓	↓	↓	
MP-B-W	solid, west floor	1640	↓	↓	↓	↓	

Special Instructions: Samples field screened non-PCBs - confirmation samples  
24 hour rush, mix samples thoroughly prior to processing

Possible Hazard Identification: Non-hazard ☒ Flammable ☐ Skin Irritant ☐ Other \_\_\_\_\_  
Sample Disposal: Return to Client ☐ Disposal by Lab ☒ Archive \_\_\_\_\_ (mos.)

Turnaround Time Required: Normal ☐ Rush ☒ Results Required by \_\_\_\_\_  
QA Requirements:

1. Relinquished by (Signature/Affiliation) <u>[Signature]</u>	Date: <u>1/15/00</u> Time: <u>1710</u>	1. Received by (Signature/Affiliation) <u>Fed-ex</u>	Date: _____ Time: _____
2. Relinquished by (Signature/Affiliation)	Date: _____ Time: _____	2. Received by (Signature/Affiliation)	Date: _____ Time: _____

Comments:





Environmental Quality  
Management, Inc.

ANALYSIS REQUEST AND  
CHAIN OF CUSTODY RECORD

Reference Document No. A- 4505  
Page 1 of 2

Project Name Mahoning Power Plant Lab Destination STZ  
Project Number 3141-6.5 Lab Contact/Phone \_\_\_\_\_  
Project Manager Eric Bowman Lab Purchase Order No. \_\_\_\_\_  
Sample Team Leader Jeff Kimble Carrier/Waybill No. \_\_\_\_\_

Report to: Mark Jarski - EQM  
1310 Kemper Meadow Dr.  
Cincinnati, OH 45240  
1-800-500-0575  
Bill to: \_\_\_\_\_  
See above

ONE CONTAINER PER LINE

Sample Number	Sample Description/Type	Date/Time Collected	Container Type	Sample Volume	Pre-servative	Requested Analytical Method/(Parameters)	Condition on Receipt (Lab)
MP-CS2-002	<sup>1K</sup> excav floor shale	<sup>1300 hours</sup> 2/7/01	glass jar	4-oz	ice	PCBs	
MP-CS2-003	↓	1300 hours	↓	↓	↓	↓	
MP-CS2-004	↓	1600 hours	↓	↓	↓	↓	
MP-CS2-007	↓	1630 hours	↓	↓	↓	↓	
<hr/>							

Special Instructions:

Possible Hazard Identification:

Non-hazard ☐ Flammable ☐ Skin Irritant ☒ Other \_\_\_\_\_

Sample Disposal:

Return to Client ☐ Disposal by Lab ☒ Archive \_\_\_\_\_ (mos.)

Turnaround Time Required:

Normal ☐ Rush ☐ Results Required by \_\_\_\_\_

QA Requirements:

1. Relinquished by  
(Signature/Affiliation) [Signature]

Date: 2/9/01  
Time: 0845

1. Received by  
(Signature/Affiliation) Terry Burns

Date: 2/9/01  
Time: 845AM

2. Relinquished by  
(Signature/Affiliation) \_\_\_\_\_

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

2. Received by  
(Signature/Affiliation) \_\_\_\_\_

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Comments:

QA level 2 - Data (verbal/faxed) due 48 hour rush.



## ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD (cont.)

Project Name Mahoning Power Plant

Project No. 3141-65

Sample Shipment Date 2-09-01

[illegible]



ENVIRONMENTAL PROTECTION AGENCY  
Office of Enforcement

REGION 5  
77 West Jackson Boulevard  
Chicago, Illinois 60604  
Activity Code:

## CHAIN OF CUSTODY RECORD

PROJECT NO.		PROJECT NAME		NO. OF CONTAINERS		Analyte:				TAG NUMBERS	
030411-0005		Mahoning River Site				PCB TOC PAH PCRA Metals					
SAMPLERS: (Print Name and Sign)										Page 2 of 3	
J. Kimble											
STA NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION						
MR-22	4/10	1410		X		1-802	X	X	X	X	QA Level II
MR-21	4/10	1430		X		1-402	X				Verbal due date on/before
MR-20	4/10	1435		X		1-402	X				
MR-19	4/15	1445		X		1-802	X	X	X	X	Sand and Fax Results to
MR-18	4/15	1505		X		1-402	X				Jackie Dean
MR-17	4/15	1510		X		1-402	X				% Conv. Quality Mngt
MR-16	4/15	1515		X		1-402	X				BIO Kemper Meadows
MR-15	4/15	1515		X		1-402	X				Cinci, OH 45240
MR-14	4/15	1530		X		1-402	X				Phone 513-823-7500
MR-13	4/15	1530		X		1-402	X				Fax 513-825-9728
MR-12	4/15	1540		X		1-402	X				
MR-10	4/15	1645		X		1-402	X				* Initial Sample Results
MR-07	4/15	1655		X		1-402	X				1660 ppm PCBs
MR-04	4/15	1658		X		1-402	X				
MR-05	4/15	1700		X		1-402	X				
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		Ship To:					
[Signature]		4-16-00 1300				ECC 6954 Conwell Rd, Suite 300 Cinci, OH 45242					
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		ATTN: 513-489-2001					
Relinquished by: (Signature)		Date / Time		Received for Laboratory by: (Signature)		Date / Time		Airbill Number			
								Chain of Custody Seal Numbers			

Distribution: White - Accompanies Shipment; Pink - Coordinator Field Files; Yellow - Laboratory File

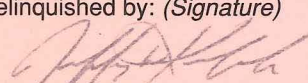


CHAIN OF CUSTODY RECORD

1 of 2

PROJ. NO.		PROJECT NAME				NO. OF CON- TAINERS	Analyte:						Activity Code:		
030141-0065		mahoningside River site					PCBs TOC PAH RCRA Metals								
SAMPLERS: (Print Name and Sign)															
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	TAG NUMBERS									
1A-DR	11-27	0905				1	X							Turnaround: 7day verbal	
1B-DR	11-27	0915				1	X							24 day Hardcopy	
1FS-DR	11-27	0930					X	X	X	X				QA level II	
2A-DR	11-28	0000					X							Send and fax results to:	
2B-DR		1015					X							Jackie Doan	
2FS-DR		1030					X	X	X	X				% Environmental Quality mgmt	
3A-DR		1100					X							1310 Kemper Meadow Dr.	
3B-DR		1115					X							Cincinnati, OH 45240	
4A-DR		1130					X							Phone: 513-823-7500	
4B-DR		1140					X							Fax: 513-825-9728	
5A-DR		1300					X								
5B-DR		1320					X								
6A-DR	11/29	1900					X								
6B-DR		0910					X								
7A-DR		1000					X								

ECC  
6954 Cornell Rd, Suite 300  
Cincinnati, OH 45242  
513-489-2001

Relinquished by: (Signature) 	Date / Time 12/1/00 1400	Received by: (Signature) Fedex	Ship To: <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del> ATTN: <del>XXXXXXXXXX</del> Airbill Number Chain of Custody Seal Numbers
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	

Distribution: White - Accompanies Shipment; Pink - Coordinator Field Files; Yellow - Laboratory File

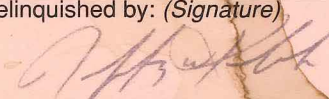




CHAIN OF CUSTODY RECORD

PROJ. NO.		PROJECT NAME				NO. OF CON- TAINERS	Analyte:						Activity Code:		
030141-0065		Mahoningside River Site					PCBs	TOC	PAH	RCRA metals					
SAMPLERS: (Print Name and Sign)															
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	TAG NUMBERS									
7B-DR	11/29	1015				X									
8A-DR		1100				X									
8B-DR		1130				X	X	X	X						
9A-DR		1200				X									
9B-DR		1215				X									
10A-DR		1400				X									
10B-DR		1420				X									
11B-DR		1500				X									
11D-DR	✓	1515				X									
1core-DR	11/27	1600				X									
8core-DR	11/29	1545				X									
14A-DR	12/3/00	1200				X									
14B-DR	✓	1220				X									

See page 1 of 2

Relinquished by: (Signature)		Date / Time		Received by: (Signature)		Ship To:	
		12/4/00 1400				See page 1 of 2	
Relinquished by: (Signature)		Date / Time		Received by: (Signature)			
Relinquished by: (Signature)		Date / Time		Received for Laboratory by: (Signature)		Date / Time	
ATTN:							
Airbill Number							
Chain of Custody Seal Numbers							

Distribution: White - Accompanies Shipment; Pink - Coordinator Field Files; Yellow - Laboratory File





CHAIN OF CUSTODY RECORD

PROJ. NO.		PROJECT NAME		NO. OF CONTAINERS		Activity Code:		
030141-0065		Mahoningside River Site						
SAMPLERS: (Print Name and Sign)								
Ben Ring <i>BR</i> EQM								
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	TAG NUMBERS		
12A	12/1/00	12:10		X		1-60E	QA Level II	
12C	12/1/00	12:15		X		1-60E	1 week verbal TAT	
13A	12/1/00	15:20		X		1-60E	Verbal results to:	
13B	12/1/00	15:25		X		1-60E	Mark Jarski at EQM	
14A							<i>12/1/00</i>	
15A	12/4/00	10:50		X		1-60E		
15B	12/4/00	10:55		X		1-60E		
16A	12/4/00	13:10		X		1-60E		
16B	12/4/00	13:15		X		1-60E		
17A	12/4/00	14:25		X		1-60E		
17B	12/4/00	14:30		X		1-60E		
17C	12/4/00	14:35		X		1-60E		
18A	12/4/00	16:30		X		1-40E		
18C	12/4/00	16:35		X		1-40E		
18E	12/4/00	16:40		X		1-40E		
Relinquished by: (Signature)			Date / Time		Received by: (Signature)			Ship To: ECC 6954 Cornell Road, Suite 300 Cincinnati, OH 45242 (513) 489-2001 ATTN: Airbill Number N/A Chain of Custody Seal Numbers
Relinquished by: (Signature)			Date / Time		Received by: (Signature)			
Relinquished by: (Signature)			Date / Time		Received for Laboratory by: (Signature)			

Distribution: White - Accompanies Shipment; Pink - Coordinator Field Files; Yellow - Laboratory File

DEC 06 '00 15:49 FR E & E CLEVELAND

440 243 6923 TO 13303060479

P.02

\*\* TOTAL PAGE.02 \*\*



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17880  
page 1 of 2



ENVIRONMENTAL PROTECTION AGENCY  
Office of Enforcement

REGION 5  
77 West Jackson Boulevard  
Chicago, Illinois 60604

CHAIN OF CUSTODY RECORD

Activity Code:

PROJ. NO. 030141-0065		PROJECT NAME Mahoningside River Site				NO. OF CON- TAINERS	<div style="border: 1px solid black; padding: 5px;"> <p>Analyte: PCBs</p> </div>										Activity Code:		
SAMPLERS: (Print Name and Sign) Ben Ring <i>BR</i> ERM																			
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION												TAG NUMBERS		
19A	12/5/00	09:20		X		1-402	X										QA Level II		
19B	12/5/00	09:25		X		1-402	X										1 week verbal TAT		
20B	12/5/00	10:45		X		1-402	X										Verbal results to:		
20C	12/5/00	10:50		X		1-402	X										Mark Jarski at EQM		
21A	12/5/00	13:10		X		1-402	X												
21B	12/5/00	13:15		X		1-402	X												
22B	12/5/00	15:00		X		1-402	X												
22C	12/5/00	15:05		X		1-402	X												
23A	12/6/00	09:00		X		1-402	X												
23B	12/6/00	09:10		X		1-402	X												
23C	12/6/00	09:15		X		1-402	X												
24A	12/6/00	10:15		X		1-402	X												
24C	12/6/00	10:20		X		1-402	X												
24E	12/6/00	10:25		X		1-402	X												
Relinquished by: (Signature)			Date / Time		Received by: (Signature)			Ship To: ECC 6954 Cornell Road, Suite 300 Cincinnati, OH 45242 (513) 489-2001											
Relinquished by: (Signature)			Date / Time		Received by: (Signature)			ATTN:											
Relinquished by: (Signature)			Date / Time		Received for Laboratory by: (Signature)			Date / Time		Airbill Number N/A									
Chain of Custody Seal Numbers																			

Distribution: White - Accompanies Shipment; Pink - Coordinator Field Files; Yellow - Laboratory File



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177800  
page 2 of 2

\*\* TOTAL PAGE: 02 \*\*

DEC 06 '00 15:49 FR E & E CLEVELAND

440 243 6923 TO 13303060479

P.02



## Activity Code:

5- 60887





ENVIRONMENTAL PROTECTION AGENCY  
Office of Enforcement

REGION 5  
77 West Jackson Boulevard  
Chicago, Illinois 60604

CHAIN OF CUSTODY RECORD

PROJ. NO.		PROJECT NAME		NO. OF CONTAINERS		Analyte: Particle size		TAG NUMBERS		Activity Code:					
SAMPLERS: (Print Name and Sign)															
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION										
530141-0065	Mahoningside River site														
Kelly Smith		Kelly Smith													
1R-Preval	1/24	11000	X		Near 42" plug	1	X								

QA Level II

Verbal results due before AM 11/14/00

Send & Fax Results to:

Jackie Doan

% Environmental Quality Mngt.

1310 Kemper Meadow Dr

Cinci, OH 45240

phone 513-823-7500

Fax 513-823-9728

\* Sample contains PCBs

Relinquished by: (Signature)		Date / Time		Received by: (Signature)		Ship To:	
Kelly Smith		1/16/01 1400		Fed Ex		STS Consultants	
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		3909 Concord Ave.	
						Schodfield, WI 54476	
Relinquished by: (Signature)		Date / Time		Received for Laboratory by: (Signature)		ATTN: Carine Nelnow 715-355-4304	
						Airbill Number	



CHAIN OF CUSTODY RECORD

PROJ. NO.		PROJECT NAME				NO. OF CON- TAINERS	Analyte: <i>Particle size</i>										Activity Code:
SAMPLERS: (Print Name and Sign)																	
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION		TAG NUMBERS										
MR-Preval	1/24	1600	X		Near 42" Plug	1	X										QA Level II
																	Verbal results due before AM 1/14/00
																	Send Fax Results to:
																	Jackie Down
																	% Environmental Quality Mngt.
																	1310 Kemper Meadow Dr
																	Cinci OH 45240
																	phone 513-823-7500
																	Fax 513-823-9728
																	* Sample contains PCBs
Relinquished by: (Signature)			Date / Time		Received by: (Signature)			Ship To:									
<i>Kelly Smith</i>			1/16/00 1400		<i>Fed EX</i>			STS Consultants									
Relinquished by: (Signature)			Date / Time		Received by: (Signature)			3909 Concorde Ave.									
								Schodfield, WI 54476									
Relinquished by: (Signature)			Date / Time		Received for Laboratory by: (Signature)			ATTN: Carine Nelnow 715-355-4304									
								Airbill Number									
								Chain of Custody Seal Numbers									

Distribution: White - Accompanies Shipment; Pink - Coordinator Field Files; Yellow - Laboratory File





## SHIPPER'S DECLARATION FOR DANGEROUS GOODS

(Provide at least two copies to the airline)

Shipper

Kelly Smith  
Ecology & Environment  
6777 Engle Rd. Suite N  
Middleburg Hts, OH 44130

Air Waybill No.

Page 1 of 1 Pages

Shipper's Reference Number  
(optional)

Consignee

STS Consultants  
Attn: Carrie Nelson  
3909 Concord Ave  
Schoolfield, WI 54476

**FedEx**  
Federal Express

Two completed and signed copies of this Declaration  
must be handed to the operator.

## WARNING

Failure to comply in all respects with the applicable  
Dangerous Goods Regulations may be in breach of the  
applicable law, subject to legal penalties. This  
Declaration must not, in any circumstances, be  
completed and/or signed by a consolidator, a  
forwarder, or an IATA cargo agent.

## TRANSPORT DETAILS

This shipment is within the  
limitations prescribed for:

(delete non-applicable)

PASSENGER  
AND CARGO  
AIRCRAFT

Airport of Departure

Airport of Destination:

Shipment type: (delete non-applicable)

NON-RADIOACTIVE

## NATURE AND QUANTITY OF DANGEROUS GOODS

## Dangerous Goods Identification

Proper Shipping Name	Class or Division	UN or ID No.	Pack- ing Group	Subs- idiary Risk	Quantity and type of packaging	Packing Inst.	Authorization
RA, Polychlorinated biphenyls	9	UN2815 II			1 L net IP3 metal can in 4G	407	FedEx Auth Letter 0038 (attached)

Additional Handling Information

NAERG 96#171

Emergency Telephone Number

716-684-8940

I hereby declare that the contents of this consignment are fully and  
accurately described above by the proper shipping name, and are  
classified, packaged, marked and labelled/placarded, and are in all  
respects in proper condition for transport according to applicable  
International and National Governmental Regulations.

Name/Title of Signatory

Kelly Smith START

Place and Date

Warren, OH 11-6-00

Signature

(see warning above)

IF ACCEPTABLE FOR PASSENGER AIRCRAFT, THIS SHIPMENT CONTAINS RADIOACTIVE MATERIAL INTENDED  
FOR USE IN, OR INCIDENT TO, RESEARCH, MEDICAL DIAGNOSIS, OR TREATMENT.



## 1 From Please print and press hard.

Date **11-06-00** Sender's FedEx Account Number

Sender's Name **Kelly Smith** Phone **(440) 243-3330**

Company **Ecology and Environment, Inc**

Address **6777 Engle Rd, Suite N** Dept./Floor/Suite/Room

City **Middleburg Hts** State **Oh** ZIP **44130**

## 2 Your Internal Billing Reference

First 24 characters will appear on invoice.

## 3 To

Recipient's Name **Carrie Nelnow** Phone **(716) 363-4304**

Company **STS Consultants**

Address **3909 Concord Ave** Dept./Floor/Suite/Room

City **Schoolfield** State **WV** ZIP **26476**

Questions? Call 1-800-Go-FedEx® (800-463-3339)

Visit our Web site at [www.fedex.com](http://www.fedex.com)

By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

Form I.D. No.

0200

Sender's Copy

## 4a Express Package Service

☐ FedEx Priority Overnight Next business morning ☒ FedEx Standard Overnight Next business afternoon ☐ FedEx First Overnight Earliest next business morning delivery to select locations

☐ FedEx 2Day\* Second business day ☐ FedEx Express Saver\* Third business day

\*FedEx Envelope/Letter Rate not available Minimum charge: One-pound rate

## 4b Express Freight Service

☐ FedEx 1Day Freight\* Next business day ☐ FedEx 2Day Freight Second business day ☐ FedEx 3Day Freight Third business day

\*Call for Confirmation:

## 5 Packaging

☐ FedEx Envelope/Letter\* ☐ FedEx Pak\* ☒ Other Pkg. Includes FedEx Box, FedEx Tube, and customer pkg.

## 6 Special Handling

☐ SATURDAY Delivery Available for FedEx Priority Overnight and FedEx 2Day to select ZIP codes ☐ SUNDAY Delivery Available for FedEx Priority Overnight to select ZIP codes ☐ HOLD Weekday at FedEx Location Not available with FedEx First Overnight ☐ HOLD Saturday at FedEx Location Available for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?

☐ No ☒ Yes Shipper's Declaration ☐ Yes Shipper's Declaration not required ☐ Dry Ice Dry Ice, 9 UN 1845 x kg ☐ Cargo Aircraft Only

Dangerous Goods cannot be shipped in FedEx packaging.

## 7 Payment Bill to:

☐ Sender Acct. No. in Section 1 will be billed. ☐ Recipient ☒ Third Party ☐ Credit Card ☐ Cash/Check

FedEx Acct. No. **1798-2796-4** Exp. Date

Total Packages **1** Total Weight **12** Total Declared Value\* **\$ 100.00**

\*Our liability is limited to \$100 unless you declare a higher value. See back for details.

## 8 Release Signature Sign to authorize delivery without obtaining signature.

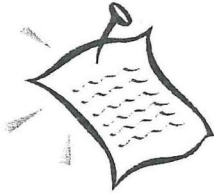
By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

Rev. Date 8/98 • Part #154815 • ©1994-99 FedEx • PRINTED IN U.S.A. GBFE 9/00

RETAIN THIS COPY FOR YOUR RECORDS.

360





# FASCIMILE

## Mahoningside Power Plant Site

650 Summit Street

Warren, Ohio 44483

Phone: 330-373-6723/6803

Fax: 330-306-0479

Name: 24hr Response Center

Organization: E&E

Fax: 716-684-0844

Phone: 716-684-8940

From: Kelly Smith

Date: 11/16/00

Subject: PCB samples

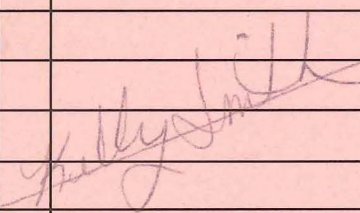
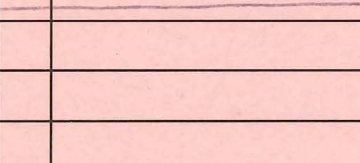
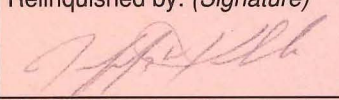
Pages: 4<sup>th</sup> Lp

Comments: One sample will be dropped  
off at Youngtown FedEx  
at approximately 1800 hrs

- Kelly Smith  
Cleveland office



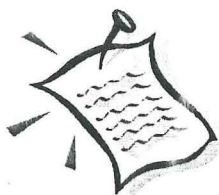
CHAIN OF CUSTODY RECORD

PROJ. NO.		PROJECT NAME				NO. OF CON- TAINERS	Analyte:										Activity Code:								
SAMPLERS: (Print Name and Sign)							PCB	TOC	PAH	ROPA Metals															
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION											TAG NUMBERS									
MR- Presal	9/24	1100	X		Near 42" plug	1-802	X	X	X	X						QA Level II									
C2R-W/1	10/25	1300	X		Trench C2- Walls	1-402	X									Verbal due on/or before AM 11/2/00									
C2R-B/1	10/25	1300	X		Trench C2- bottom	1-402	X									Send and Fax Results to									
																10-25-00									
Relinquished by: (Signature)			Date / Time		Received by: (Signature)			Ship To:																	
			10-25-00 1530					ECC 6954 Cornwell Rd, Suite 300 Cinci, Oh 45242																	
Relinquished by: (Signature)			Date / Time		Received by: (Signature)			ATTN:																	
								513-489-2001																	
Relinquished by: (Signature)			Date / Time		Received for Laboratory by: (Signature)			Date / Time		Airbill Number															
										Chain of Custody Seal Numbers															

Distribution: White - Accompanies Shipment; Pink - Coordinator Field Files; Yellow - Laboratory File







# FASCIMILE

## Mahoningside Power Plant Site

650 Summit Street

Warren, Ohio 44483

Phone: 330-373-6723/6803

Fax: 330-306-0479

**Name:** E#E 24hr Response Center

**Organization:** E#E

**Fax:** 716-684-0844

**Phone:** 716-684-8940

**From:** Jeff Kimble

**Date:** 10/25/00

**Subject:** PCB Samples

**Pages:** 4

**Comments:** 3 samples will be dropped  
off at youngstown Fedex  
at approx. maybe 1700 hrs.  
- Jeff Kimble  
Cleveland office



# SHIPPER'S DECLARATION FOR DANGEROUS GOODS

(Provide at least two copies to the airline)

Shipper **Jeff Kimble**  
**Ecology and Environment**  
**6777 Engle Road, Suite N**  
**Middleburg Heights, OH 44130**

Air Waybill No.

Page 1 of 1 Pages

Shipper's Reference Number  
(optional)

Consignee **ECC**  
**6954 Cornell Road, Suite 300**  
**Cincinnati, OH 45242**  
**Phone (513) 489-2001**



**Two completed and signed copies of this Declaration must be handed to the operator.**

## WARNING

Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties. This Declaration must not, in any circumstances, be completed and/or signed by a consolidator, a forwarder, or an IATA cargo agent.

### TRANSPORT DETAILS

This shipment is within the limitations prescribed for:

(delete non-applicable)

PASSENGER  
AND CARGO  
AIRCRAFT

~~CARGO~~  
~~AIRCRAFT~~  
~~ONLY~~

Airport of Departure

Airport of Destination:

Shipment type: (delete non-applicable)

NON-RADIOACTIVE

~~RADIOACTIVE~~

### NATURE AND QUANTITY OF DANGEROUS GOODS

Dangerous Goods Identification					Quantity and type of packaging	Packing Inst.	Authorization
Proper Shipping Name	Class or Division	UN or ID No.	Pack-ing Group	Subsidiary Risk			
RQ Polychlorinated biphenyls	9	UN2315	II		1 L net IP3 metal can in 46	907	FedEx Auth Letter 0038 (Attached)

Additional Handling Information

**NAERG 96 #171**

Emergency Telephone Number

**716-684-8940**

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable International and National Governmental Regulations.

Name/Title of Signatory

**Jeff Kimble START**

Place and Date

**Warren, OH 10-25-00**

Signature

(see warning above)

IF ACCEPTABLE FOR PASSENGER AIRCRAFT, THIS SHIPMENT CONTAINS RADIOACTIVE MATERIAL INTENDED FOR USE IN, OR INCIDENT TO, RESEARCH, MEDICAL DIAGNOSIS, OR TREATMENT.



# FedEx USA Airbill

FedEx Tracking Number **823916896336**

Form I.D. No.

**0200**

1 Please print and press hard.

Date **10-25-00** Sender's FedEx Account Number

Sender's Name **Jeff Kimble** Phone **(440) 1243-3330**

Company **Ecology & Environment, Inc.**

Address **6777 Engle Rd** Dept./Floor/Suite/Room **N**

City **Middleburg Hts** State **OH** ZIP **44130**

2 Your Internal Billing Reference  
First 24 characters will appear on invoice.

3 To Recipient's Name **EIS lab dept** Phone **(513) 489-2001**

Company **ECC**

Address **6954 Cornell Rd, Suite 300**  
To "HOLD" at FedEx location, print FedEx address. We cannot deliver to P.O. boxes or P.O. ZIP codes.

City **Cincinnati** State **Oh** ZIP **45242**

**Questions? Call 1-800-Go-FedEx® (800-463-3339)**  
Visit our Web site at [www.fedex.com](http://www.fedex.com)

By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

4a

☐ FedEx Priority Overnight Next business morning ☒ **FedEx Standard Overnight** Next business afternoon ☐ FedEx First Overnight Earliest next business morning delivery to select locations

☐ FedEx 2Day\* Second business day ☐ FedEx Express Saver\* Third business day \* FedEx Envelope/Letter Rate not available Minimum charge: One-pound rate

4b Packages up to 150 lbs. Delivery commitment may be later in some areas. **Packages over 150 lbs.** Delivery commitment may be later in some areas.

☐ FedEx 1Day Freight\* Next business day ☐ FedEx 2Day Freight Second business day ☐ FedEx 3Day Freight Third business day

\* Call for Confirmation

5

☐ FedEx Envelope/Letter\* ☐ FedEx Pak\* ☒ **Other Pkg.** Includes FedEx Box, FedEx Tube, and customer pkg. \* Declared value limit \$500

6

☐ **SATURDAY Delivery** Available for FedEx Priority Overnight and FedEx 2Day to select ZIP codes ☐ **SUNDAY Delivery** Available for FedEx Priority Overnight to select ZIP codes ☐ **HOLD Weekday at FedEx Location** Not available with FedEx First Overnight ☐ **HOLD Saturday at FedEx Location** Available for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?

☐ No ☒ **Yes** As per attached Shipper's Declaration ☐ **Yes** Shipper's Declaration not required ☐ **Dry Ice** Dry Ice, 9, UN 1845 x kg ☐ **Cargo Aircraft Only**

7

Bill to:

☐ Sender Acct. No. in Section 1 will be billed ☐ Recipient ☒ **Third Party** ☐ Credit Card ☐ Cash/Check

FedEx Acct. No. **1798-2796-4** Exp. Date

Total Packages	Total Weight	Total Declared Value <sup>1</sup>
<b>1</b>	<b>12</b>	<b>\$ 100.00</b>

<sup>1</sup>Our liability is limited to \$100 unless you declare a higher value. See back for details.

8

Sign to authorize delivery without obtaining signature.

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

**360**

Rev. Date 8/99 • Part #154815 • ©1994-99 FedEx • PRINTED IN U.S.A. GBFE 9/00

RETAIN THIS COPY FOR YOUR RECORDS.



ENVIRONMENTAL PROTECTION AGENCY  
Office of Enforcement

REGION 5  
77 West Jackson Boulevard  
Chicago, Illinois 60604

CHAIN OF CUSTODY RECORD

PROJ. NO.		PROJECT NAME				NO. OF CON- TAINERS	Analyte:				TAG NUMBERS	
SAMPLERS: (Print Name and Sign)		STA. NO.	DATE	TIME	COMP.		GRAB	STATION LOCATION	PCB	TOC		PAH
0301410065 Mahoning River Site												
J. Kimble <i>[Signature]</i>												
MR- Presd	10/24	1100	X				Near 42" plug	1-8oz	X	X	X	X
C2-TR-Wall	10/25	1300	X				Trench C2- Wall	1-4oz	X			
C2-TR-bottom	10/25	1300	X				Trench C2- bottom	1-4oz	X			
<i>Kelly Miller</i> 10-25-00												
QA Level II Verbal due on or before AM 11/2/00 Send and Fax Results to Jackie Doran C/O Environmental Quality Mngts. 1310 Kemper Meadows Rd. Cinci, OH 45240 Phone 513-823-7500 Fax 513-825-9728												
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		Ship To:						
<i>[Signature]</i>		10-25-00 1530				ECC 6954 Cornwell Rd, Suite 300 Cinci, Oh 45242 513-489-2001						
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		ATTN:						
						513-489-2001						
Relinquished by: (Signature)		Date / Time		Received for Laboratory by: (Signature)		Airbill Number						
						Chain of Custody Seal Numbers						



**U.S. EPA Emergency and Rapid Response  
Mahoningside Power Plant Site  
Warren, OH  
EQ PN 3141-65**

Soil samples will be collected throughout the remainder of the project and sent to the laboratory for particle size analysis. Costs are provided for a 5 working day turnaround.

Parameters	Method	STS	Maxim	Bowser
Particle Size Analysis	ASTM D422	\$95.00	No Bid	\$150.00
<b>Total for 5 Working Day TAT (per sample)</b>		<b>\$95.00</b>	<b>No Bid</b>	<b>\$150.00</b>

**Notes:**

- 1) Costs provided are on a per sample basis.
- 2) Final report, QA Level I, due 7 calendar days after receipt of faxed results.
- 3) STS and Bowser laboratory performance and qualifications have not been reviewed.

**Solicited Laboratories:**

STS Consultants  
3909 Concorde Ave.  
Schoolfield, WI 54476  
(715) 355-4304  
Carrie Nelnow

Maxim Technologies  
555 South 72nd St.  
Wausau, WI 54401  
(715) 845-4100  
Paul Michlig

Bowser Morner  
4518 Taylorsville Rd.  
Dayton, OH 45424  
(937) 236-8805  
Bob Statler

Based upon the above information, Environmental Quality Management, Inc. (EQ) recommends the use of STS for the services as listed above for the U.S. EPA Mahoningside Power Plant site in Warren, OH.

On behalf of the U.S. EPA Region V, I approve of EQ's recommendation to utilize the services of STS:

  
Duro OSC / Date

11/2/00



# FedEx USA Airbill

FedEx  
Tracking  
Number

823893677179

Form  
I.D. No.

0200

Sender's Copy +

**1 From** Please print and press hard.

Date 10-12-00

Sender's FedEx  
Account Number

Sender's Name Jeff Kimble

Phone (440) 243 3330

Company Ecology and Environment, Inc.

Address 6777 Engle Road Suite N

City Middleburg Heights State OH ZIP 44130

**2 Your Internal Billing Reference**

First 24 characters will appear on invoice.

3141-65

**3 To**  
Recipient's  
Name

Lab Department

Phone 513  
(440) 489-2001

Company ECC

Address 6954 Cornell Road

To "HOLD" at FedEx location, print FedEx address.

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Suite 300

City Cincinnati State OH ZIP 45242

**Questions? Call 1-800-Go-FedEx® (800-463-3339)**

Visit our Web site at [www.fedex.com](http://www.fedex.com)

By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

**4a Express Package Service**

☐ FedEx Priority Overnight  
Next business morning

☒ FedEx Standard Overnight  
Next business afternoon

**Packages up to 150 lbs.**  
Delivery commitment may be later in some areas.

☐ FedEx First Overnight  
Earliest next business morning  
delivery to select locations

☐ FedEx 2Day\*  
Second business day

☐ FedEx Express Saver\*  
Third business day

\* FedEx Envelope/Letter Rate not available  
Minimum charge, One-pound rate

**4b Express Freight Service**

☐ FedEx 1Day Freight\*  
Next business day

☐ FedEx 2Day Freight  
Second business day

**Packages over 150 lbs.**  
Delivery commitment may be later in some areas.

☐ FedEx 3Day Freight  
Third business day

\* Call for Confirmation:

**5 Packaging**

☐ FedEx Envelope/  
Letter\*

☐ FedEx Pak\*

☒ Other Pkg.  
Includes FedEx Box, FedEx Tube,  
and customer pkg.

**6 Special Handling**

☐ SATURDAY Delivery  
Available for FedEx Priority  
Overnight and FedEx 2Day  
to select ZIP codes

☐ SUNDAY Delivery  
Available for FedEx Priority  
Overnight to select ZIP codes

☐ HOLD Weekday  
at FedEx Location  
Not available with  
FedEx First Overnight

☐ HOLD Saturday  
at FedEx Location  
Available for FedEx Priority  
Overnight and FedEx 2Day  
to select locations

Does this shipment contain dangerous goods?

☐ No  
☒ Yes  
as per attached  
Shipper's Declaration

☐ Yes  
Shipper's Declaration  
not required

☐ Dry Ice  
Dry Ice, 9 UN 1845 x kg

Dangerous Goods cannot be shipped in FedEx packaging.

☐ Cargo Aircraft Only

**7 Payment Bill to:**

Enter FedEx Acct. No. or Credit Card No. below.

☒ Sender  
FedEx Acct. No. in Section  
7 will be billed.

☐ Recipient

☒ Third Party

☐ Credit Card

☐ Cash/Check

FedEx Acct. No.  
Credit Card No.

1798-2796-4

Exp.  
Date

Total Packages

Total Weight

Total Declared Value\*

1

10

\$ 100.00

\*Our liability is limited to \$100 unless you declare a higher value. See back for details.

FedEx Use Only

**8 Release Signature**

Sign to authorize delivery without obtaining signature.

By signing you authorize us to deliver this shipment without obtaining a signature  
and agree to indemnify and hold us harmless from any resulting claims.

Rev. Date 8/99 • Part #154815 • ©1994-99 FedEx • PRINTED IN U.S.A. GBFE 9/00

360

RET. IN THIS COPY FOR YOUR RECORDS.



# FedEx USA Airbill

FedEx  
Tracking  
Number

807876577339

Form  
I.D. No.

0200

Sender's Copy

**1 From** (please print and press hard)

Date 10-10-00 Sender's FedEx Account Number 1407-2829-2

Sender's Name Jeff Kimble Phone (800) 500-0575

Company EQM, Inc.

Address 650 Summit Street Dept./Floor/Suite/Room

City Warren State OH ZIP 44483

**2 Your Internal Billing Reference Information** (Optional) (First 24 characters will appear on invoice) mahoningside

**3 To** (please print and press hard)

Recipient's Name Lab Department Phone (513) 489-2001

Company ECC Laboratory

Address 6954 Cornell Road Suite 300 (We Cannot Deliver to P.O. Boxes or P.O. ZIP Codes) Dept./Floor/Suite/Room

City Cincinnati State OH ZIP 45242

**For HOLD at FedEx Location check here**

☐ Hold Weekday (Not available with FedEx First Overnight) ☐ Hold Saturday (Not available at all locations and FedEx 2Day only)

**For WEEKEND Delivery check here** (Extra Charge. Not available to all locations)

☐ Saturday Delivery (Available for FedEx Priority Overnight and FedEx 2Day only) ☐ NEW Sunday Delivery (Available for FedEx Priority Overnight only)

**Service Conditions, Declared Value, and Limit of Liability** - By using this Airbill, you agree to the service conditions in our current Service Guide or U.S. Government Service Guide. Both are available on request. SEE BACK OF SENDER'S COPY OF THIS AIRBILL FOR INFORMATION AND ADDITIONAL TERMS. We will not be responsible for any claim in excess of \$100 per package whether the result of loss, damage, or delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your

actual loss in a timely manner. Your right to recover from us for any loss includes intrinsic value of the package, loss of sales, interest, profit, attorney's fees, costs, and other forms of damage, whether direct, incidental, consequential, or special, and is limited to the greater of \$100 or the declared value but cannot exceed actual documented loss. The maximum declared value for any FedEx Letter and FedEx Pak is \$500. Federal Express may, upon your request, and with some limitations, refund all transportation charges paid. See the FedEx Service Guide for further details.

**Questions?**

Call 1-800-Go-FedEx® (800)463-3339

The World On Time

**4a Express Package Service** Packages under 150 lbs. Delivery commitment may be later in some areas.

☐ FedEx Priority Overnight (Next business morning) ☒ FedEx Standard Overnight (Next business afternoon) ☐ FedEx First Overnight (Earliest next business morning delivery to select locations) (Higher rates apply) ☐ FedEx 2Day (Second business day) ☐ FedEx Express Saver (Third business day) FedEx Letter Rate not available. Minimum charge: One pound rate.

**4b Express Freight Service** Packages over 150 lbs. Delivery commitment may be later in some areas.

☐ FedEx Overnight Freight (Next business day) ☐ FedEx 2Day Freight (Second business day) ☐ FedEx Express Saver Freight (Up to 3 business days) (Call for delivery schedule. See back for detailed descriptions of freight services.)

**5 Packaging** ☐ FedEx Letter ☐ FedEx Pak ☐ FedEx Box ☐ FedEx Tube ☒ Other (One box must be checked) (As per attached Shipper's Declaration)

**6 Special Handling** Does this shipment contain dangerous goods? ☐ No ☒ Yes (Shipper's Declaration not required) ☐ Dry Ice ☐ Cargo Aircraft Only (Dry Ice, 9, UN 1845 x kg. \*Dangerous Goods cannot be shipped in FedEx packaging.)

**7 Payment** Bill to: ☒ Sender (Account No. in Section 1 will be billed) ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check (Enter FedEx Account No. or Credit Card No. below)

FedEx Account No. Credit Card No. Exp. Date

Total Packages 1 Total Weight 10 Total Declared Value\* \$ 00 Total Charges \$

When declaring a value higher than \$100 per shipment, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information.

**8 Release Signature** Sign to authorize delivery without obtaining signature.

Your signature authorizes Federal Express to deliver this shipment without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any resulting claims.

322

Rev. Date 3/98  
Part #153024  
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RETAIN THIS COPY FOR YOUR RECORDS



Bill Third Party to EQ's Cincinnati account Number

1407-2829-2

Bill Reference Number

030141-0065

Ship to Address

ECC

6954 Cornell Road, Suite 300

Cincinnati, Ohio 45242

Phone (513) 489-2001

Ship From Address

ERIC BOWMAN

EQM

650 Summit Street

WARREN, Ohio 44483



PROJ. NO.		PROJECT NAME						NO. OF CON- TAINERS		Activity Code:							
030141-0065		Mahoning River site															
SAMPLERS: (Print Name and Sign)																	
Jeff Kimble [Signature]																	
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION										TAG NUMBERS		
C12-B1	9/23	700	X		42" Line	1-402	X								Rush JAT for all sample		
C17-N-W1	9/23	1700	X		C17 - North wall	1-402	X								48 hr verbal /		
C17-S-W1	9/23	1705	X		C17 - South wall	1-402	X								Send and Fax results to		
C17-E-W1	9/23	1705	X		C17 - East wall	1-402	X								Jackie Doan c/o EQM		
C17-W-W1	9/23	1710	X		C17 - West wall	1-402	X								1310 Kenner Meadow Rd		
C17-B-W1	9/23	1710	X		C17 - Bottom	1-402	X								Cincinnati, OH 45240		
C21-B-W1	9/23	1715	X		C21 - Bottom	1-402	X								phone 513-823-7500		
C21-E-W1	9/23	1715	X		C21 - East wall	1-402	X								Fax 513-825-9778		
C21-N-W1	9/23	1720	X		C21 - North wall	1-402	X										
C21-S-W1	9/23	1720	X		C21 - South wall	1-402	X								* initial sample results		
<del>Kelly Smith 10-23-00</del>						<del>were 24ppm to 147,000 ppm</del>											
						QA Level II											
Relinquished by: (Signature)			Date / Time		Received by: (Signature)				Ship To:								
[Signature]			9/23/00 1800						ECC 6954 Cornell Rd, suite 300 Cinc, oh 45242 513-489-2001								
Relinquished by: (Signature)			Date / Time		Received by: (Signature)				ATTN:								
									Airbill Number								
Relinquished by: (Signature)			Date / Time		Received for Laboratory by: (Signature)				Chain of Custody Seal Numbers								

Distribution: White - Accompanies Shipment; Pink - Coordinator Field Files; Yellow - Laboratory File

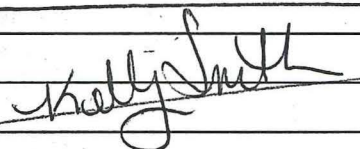



ENVIRONMENTAL PROTECTION AGENCY  
Office of Enforcement

REGION 5  
77 West Jackson Boulevard  
Chicago, Illinois 60604

CHAIN OF CUSTODY RECORD

Activity Code:

PROJ. NO.		PROJECT NAME		NO. OF CONTAINERS		ANALYTE		TAG NUMBERS	
030141-2065		Mahoning River site				PCBS			
SAMPLERS: (Print Name and Sign)									
Jeff Kimble									
Kelly Smith									
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION				
42-01	10/23	1700	X		42" line	1-402	X		
C17-N-01	10/23	1700	X		C17-North wall	1-402	X		
C17-S-01	10/23	1705	X		C17-South wall	1-402	X		
C17-E-01	10/23	1705	X		C17-East wall	1-402	X		
C17-W-01	10/23	1710	X		C17-West wall	1-402	X		
C17-B-01	10/23	1710	X		C17-Bottom	1-402	X		
C21-B-01	10/23	1715	X		C21-Bottom	1-402	X		
C21-E-01	10/23	1715	X		C21-East wall	1-402	X		
C21-N-01	10/23	1720	X		C21-North wall	1-402	X		
C21-S-01	10/23	1720	X		C21-South wall	1-402	X		
 10-23-00						Rush TAT for all sample 48 hr. verbal / Send and Fax results to Jackie Doan c/o EDM 1310 Kenner Meadow Rd Cincinnati, OH 45240 phone 513-823-7500 Fax 513-825-9778			
						* initial sample results were 24ppm to 143,000ppm			
						QA Level II			
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		Ship To:			
		10/23/00 1800				ECC 6954 Cornell Rd, Suite 300 Cincinnati, OH 45242 513-489-2001			
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		ATTN:			
						Airbill Number			
Relinquished by: (Signature)		Date / Time		Received for Laboratory by: (Signature)		Chain of Custody Seal Numbers			



# FedEx USA Airbill

FedEx  
Tracking  
Number

822651287251

## 1 From Please print and press hard.

Date **10-23-00**

Sender's FedEx  
Account Number

Sender's Name **Kelly Smith**

Phone **(440) 243 3330**

Company **Ecology and Environment**

Address **6777 Engle Road, suite N**

Dept./Floor/Suite/Room

City **Middleburg Hts,** State **OH** ZIP **44130**

## 2 Your Internal Billing Reference

OPTIONAL

## 3 To

Recipient's Name **Lab Department**

Phone **(513) 489-2001**

Company **ECC**

Address **6954 Cornell Road**

To "HOLD" at FedEx location, print FedEx address.

We cannot deliver to P.O. boxes or P.O. ZIP codes.

**Suite 300**

Dept./Floor/Suite/Room

City **Cincinnati**

State **OH** ZIP **45242**

Questions? Call 1-800-Go-FedEx® (800-463-3339)

Visit our Web site at [www.fedex.com](http://www.fedex.com)

By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

Form  
I.D. No.

0200

Sender's Copy

## 4a Express Package Service

☐ FedEx Priority Overnight  
Next business morning

☒ FedEx Standard Overnight  
Next business afternoon

☐ FedEx First Overnight  
Earliest next business morning  
delivery to select locations

☐ FedEx 2Day\*  
Second business day

☐ FedEx Express Saver\*  
Third business day

\* FedEx Envelope/Letter Rate not available  
Minimum charge: One-pound rate

## 4b Express Freight Service

☐ FedEx 1Day Freight\*  
Next business day

☐ FedEx 2Day Freight  
Second business day

☐ FedEx 3Day Freight  
Third business day

\* Call for Confirmation:

**Packages over 150 lbs.**  
Delivery commitment may be later in some areas.

## 5 Packaging

☐ FedEx Envelope/  
Letter\*

☐ FedEx Pak\*

☒ Other Pkg.  
Includes FedEx Box, FedEx Tube,  
and customer pkg.

\* Declared value limit \$500

## 6 Special Handling

☐ SATURDAY Delivery  
Available for FedEx Priority  
Overnight and FedEx 2Day  
to select ZIP codes

☐ SUNDAY Delivery  
Available for FedEx Priority  
Overnight to select ZIP codes

☐ HOLD Weekday  
at FedEx Location  
Not available with  
FedEx First Overnight

☐ HOLD Saturday  
at FedEx Location  
Available for FedEx Priority  
Overnight and FedEx 2Day  
to select locations

Include FedEx address in Section 3.

Does this shipment contain dangerous goods?

One box must be checked.

☐ No

☒ Yes

As per attached  
Shipper's Declaration

☐ Yes  
Shipper's Declaration  
not required

☐ Dry Ice  
Dry Ice, 9, UN 1845

x kg

Dangerous Goods cannot be shipped in FedEx packaging.

☐ Cargo Aircraft Only

## 7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender  
Acct. No. in Section  
1 will be billed.

☐ Recipient

☒ Third Party

☐ Credit Card

☐ Cash/Check

FedEx Acct. No.  
Credit Card No.

**1798-2796-4**

Exp.  
Date

Total Packages

Total Weight

Total Declared Value\*

**1**

**12**

**\$ 100 .00**

\*Our liability is limited to \$100 unless you declare a higher value. See back for details.

FedEx Use Only

## 8 Release Signature

Sign to authorize delivery without obtaining signature.

By signing you authorize us to deliver this shipment without obtaining a signature  
and agree to indemnify and hold us harmless from any resulting claims.

Rev. Date 8/99 • Part #154815 • ©1994-99 FedEx • PRINTED IN U.S.A. GBFE 6/00

360

RETAIN THIS COPY FOR YOUR RECORDS.



# SHIPPER'S DECLARATION FOR DANGEROUS GOODS

(Provide at least two copies to the airline)

Shipper **Kelly Smith**  
**Ecology and Environment**  
**6777 Engle Road Suite N**  
**Middleburg Hts, OH 44130**

Air Waybill No.

Page **1** of **1** Pages

Shipper's Reference Number  
(optional)

Consignee **ECC**  
**6954 Cornell Road, Suite 300**  
**Cincinnati, OH 45242**  
**phone (513) 489-2001**

**FedEx**  
Federal Express

Two completed and signed copies of this Declaration must be handed to the operator.

## WARNING

Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties. This Declaration must not, in any circumstances, be completed and/or signed by a consolidator, a forwarder, or an IATA cargo agent.

### TRANSPORT DETAILS

This shipment is within the limitations prescribed for:

(delete non-applicable)

PASSENGER AND CARGO AIRCRAFT

~~CARGO AIRCRAFT ONLY~~

Airport of Departure

Airport of Destination:

Shipment type: (delete non-applicable)

NON-RADIOACTIVE

~~RADIOACTIVE~~

## NATURE AND QUANTITY OF DANGEROUS GOODS

### Dangerous Goods Identification

Proper Shipping Name	Class or Division	UN or ID No.	Packing Group	Subsidiary Risk	Quantity and type of packaging	Packing Inst.	Authorization
<b>RQ Polychlorinated biphenyls</b>	<b>9</b>	<b>UN2315</b>	<b>II</b>		<b>1 L net IP3 metal can in 4G</b>	<b>907</b>	<b>FedEx Auth letter 0038 (Attached)</b>

Additional Handling Information

**NAERG 96 # 171**

Emergency Telephone Number

**716-684-8940**

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable International and National Governmental Regulations.

Name/Title of Signatory

**Kelly Smith, START**

Place and Date

**Warren, OH 10/23/00**

Signature

**[Signature]**  
(see warning above)

IF ACCEPTABLE FOR PASSENGER AIRCRAFT, THIS SHIPMENT CONTAINS RADIOACTIVE MATERIAL INTENDED FOR USE IN, OR INCIDENT TO, RESEARCH, MEDICAL DIAGNOSIS, OR TREATMENT.



EEE 24-Hour response center

9 samples will be dropped  
off in cleveland ~~@~~ at FedEx  
approximately 1930 hours.

- Jeff  
Kimble


- cleveland  
office



# SHIPPER'S DECLARATION FOR DANGEROUS GOODS

(Provide at least two copies to the airline)

Shipper <b>Jeff Kimble</b> <b>Ecology and Environment</b> <b>6777 Engle Road Suite N</b> <b>Middleburg Heights, OH 44130</b>	Air Waybill No. Page <b>1</b> of <b>1</b> Pages Shipper's Reference Number <small>(optional)</small>
---	---

Consignee <b>ECC</b> <b>6954 Cornell Road, Suite 300</b> <b>Cincinnati, OH 45242</b> <b>Phone (513) 489-2001</b>	
---	---

**Two completed and signed copies of this Declaration must be handed to the operator.**

## WARNING

Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties. This Declaration must not, in any circumstances, be completed and/or signed by a consolidator, a forwarder, or an IATA cargo agent.

### TRANSPORT DETAILS

This shipment is within the limitations prescribed for:

(delete non-applicable)

PASSENGER  
AND CARGO  
AIRCRAFT

~~CARGO~~  
~~AIRCRAFT~~  
~~ONLY~~

Airport of Departure

Airport of Destination:

Shipment type: (delete non-applicable)

NON-RADIOACTIVE

~~RADIOACTIVE~~

## NATURE AND QUANTITY OF DANGEROUS GOODS

Dangerous Goods Identification					Quantity and type of packaging	Packing Inst.	Authorization
Proper Shipping Name	Class or Division	UN or ID No.	Pack-ing Group	Subsidiary Risk			
<b>RQ Polychlorinated biphenyls</b> <small>(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)</small>	<b>9</b>	<b>UN2315</b>	<b>II</b>		<b>1 L net</b> <b>IP3 metal can in 46</b>	<b>907</b>	<b>FedEx Auth</b> <b>Letter 0038</b> <b>(Attached)</b>

Additional Handling Information

**NAERG 96 #171**

Emergency Telephone Number **716-684-8940**

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable International and National Governmental Regulations.

Name/Title of Signatory

**Jeff Kimble - START**

Place and Date

**Warren, OH 10-12-00**

Signature

(see warning above)

IF ACCEPTABLE FOR PASSENGER AIRCRAFT, THIS SHIPMENT CONTAINS RADIOACTIVE MATERIAL INTENDED FOR USE IN, OR INCIDENT TO, RESEARCH, MEDICAL DIAGNOSIS, OR TREATMENT.



CHAIN OF CUSTODY RECORD

PROJ. NO. 030141-0065		PROJECT NAME Mahoning Riversite				NO.  OF  CON- TAINERS	<div>Activity Code:</div> <div>QA Level II turn around 14 days verbal/21 hard</div> <div>PCB</div> <div>TAG NUMBERS</div>												
SAMPLERS: (Print Name and Sign) Kelly Smith, Kelly Smith																			
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION														
MP-P-01	10/23/00	1700	X		4ft at D13	1	X										486min(0.0926 <sup>1/2</sup> )=45.00 L		
MP-P-02	10/23/00	1700	X		Walker	1	X										503min(0.0975 <sup>1/2</sup> /min)=49.04 L		
MP-P-03	10/23/00	1700	X		Walker	1	X										411min(0.09344/min)=38.39 L		
MP-P-04	10/23/00	1700	X		Background/4 ft/EPA command	1	X										510min(0.0964/min)=49.16 L		
MP-P-05	10/23/00	1700	X		4ft at D1	1	X										189min(0.0974/min)=18.4 L		
MP-P-B	10/23/00	1700			Field blank	1											—		
					Lot blank	2											—		
<div>Kelly Smith</div>						<div>Send &amp; Fax Results to Jackie Doan c/o Environmental Quality Mngts. 1310 Kemper Meadow Rd Cinci, OH 45240 Phone 513-823-7500 Fax 513-823-9728</div>													
Relinquished by: (Signature) Kelly Smith		Date / Time 10/23/00 1700		Received by: (Signature) FedEx				Ship To: ECC 6954 Corwell Rd, Suite 300 Cinci, Oh 45242 513-489-2001											
Relinquished by: (Signature)		Date / Time		Received by: (Signature)				ATTN: 82261287273											
Relinquished by: (Signature)		Date / Time		Received for Laboratory by: (Signature)				Date / Time		Chain of Custody Seal Numbers									

Distribution: White - Accompanies Shipment; Pink - Coordinator Field Files; Yellow - Laboratory File



**REGION 5**  
**77 West Jackson Boulevard**  
**Chicago, Illinois 60604**

**Chicago, Illinois 60604**

5- 60896





**1 From** Please print and press hard.

Date 10-24-00 Sender's FedEx Account Number

Sender's Name Kelly Smith Phone (410) 243-3330

Company Ecology and Environment, Inc

Address 6777 Engle Road, Suite N Dept./Floor/Suite/Room

City Middleburg Hts State Oh ZIP 44130

**2 Your Internal Billing Reference**  
First 24 characters will appear on invoice.

**3 To**  
Recipient's Name Lab dept Phone (513) 489-2001

Company ECC

Address 6954 Cornell Road We cannot deliver to P.O. boxes or P.O. ZIP codes.

Suite 300 Dept./Floor/Suite/Room

City Cincinnati State OH ZIP 45242

**Questions? Call 1-800-Go-FedEx® (800-463-3339)**  
Visit our Web site at [www.fedex.com](http://www.fedex.com)

By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

Form I.D. No.

**0200**

Sender's Copy +

**4a Express Package Service**

☐ FedEx Priority Overnight Next business morning ☒ FedEx Standard Overnight Next business afternoon ☐ FedEx First Overnight Earliest next business morning delivery to select locations

☐ FedEx 2Day\* Second business day ☐ FedEx Express Saver\* Third business day \* FedEx Envelope/Letter Rate not available Minimum charge: One-pound rate

**4b Express Freight Service**

☐ FedEx 1Day Freight\* Next business day ☐ FedEx 2Day Freight Second business day ☐ FedEx 3Day Freight Third business day

\* Call for Confirmation:

**5 Packaging**

☒ FedEx Envelope/Letter\* ☐ FedEx Pak\* ☒ Other Pkg. Includes FedEx Box, FedEx Tube, and customer pkg. \* Declared value limit \$500

**6 Special Handling**

☐ SATURDAY Delivery Available for FedEx Priority Overnight and FedEx 2Day to select ZIP codes ☐ SUNDAY Delivery Available for FedEx Priority Overnight to select ZIP codes ☐ HOLD Weekday at FedEx Location Not available with FedEx First Overnight ☐ HOLD Saturday at FedEx Location Available for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?

☒ No ☐ Yes As per attached Shipper's Declaration ☐ Yes Shipper's Declaration not required ☐ Dry Ice Dry Ice, 3, UN 1845 x kg ☐ Cargo Aircraft Only

**7 Payment Bill to:**

☐ Sender Acct. No. in Section 1 will be billed. ☐ Recipient ☒ Third Party ☐ Credit Card ☐ Cash/Check

FedEx Acct. No. 1798-2796-4 Exp. Date

Total Packages 1 Total Weight 116 Total Declared Value\* \$ 100.00

\* Our liability is limited to \$100 unless you declare a higher value. See back for details.

FedEx Use Only

**8 Release Signature** Sign to authorize delivery without obtaining signature.

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

**360**

RETAIN THIS COPY FOR YOUR RECORDS.



Pumps

Time on / off

- ④  $101.6 / 101.6 / 101.5 = 101.575$  <sup>Background</sup> 0839
- ②  $101.2 / 101.2 / 101.2 = 101.2$  <sup>worker</sup> 0844
- ③  $100.9 / 101.0 / 101.1 = 101.0$  <sup>worker</sup> 0844
- ⑤  $101.7 / 101.8 / 101.9 = 101.8$  <sup>sump</sup> 0855
- ①  $101.3 / 101.2 / 101.3 = 101.3$  <sup>excavation</sup> 0855

	Min				
4	510	90.66	91.09	91.03	90.93
2	503	93.58	93.93	94.11	93.88
3	411	84.47	85.15	85.24	84.96
5	189	92.46	92.32	92.54	92.44
1	486	83.84	83.79	83.83	83.82

① (486min)



$$\textcircled{1} (486 \text{ min}) (0.09256 \text{ L/min}) = 44.98 \text{ L} \quad \text{c. excavator}$$

$$\textcircled{2} (503) (\overset{0.09754}{\cancel{0.0954}}) = 49.06 \text{ L} \quad \text{worker}$$

$$\textcircled{3} (411) (0.093 \text{ L/min}) = 38.22 \text{ L} \quad \text{worker}$$

$$\textcircled{4} (510) (0.096) = 48.96 \text{ L} \quad \text{Background}$$

$$\textcircled{5} (1189) (0.097) = 18.3 \text{ L} \quad \text{sump.}$$



ENVIRONMENTAL PROTECTION AGENCY  
Office of Enforcement

**REGION 5**  
**77 West Jackson Boulevard**  
**Chicago, Illinois 60604**

## CHAIN OF CUSTODY RECORD

PROJ. NO.		PROJECT NAME				NO. OF CON- TAINERS	Analyte: <i>Asbestos</i>										QA Level II		Activity Code:		
SAMPLERS: (Print Name and Sign)							<i>T.A.T 14 verbal / 21 hard</i> <i>Send &amp; Fax results to:</i> <i>Jackie Dean c/o EQM</i> <i>1310 Kemper Meadows Dr</i> <i>Cincinnati, OH 45240 500-500-0575</i> TAG NUMBERS <i>(513) 825-9728</i>														
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION																
MP-A-01	10/20/00	0734	X		Sump DZ (4 ft)	1	X										$QAT^{15} 480\text{min} \times 2.016\text{L/min} = 967.68\text{L}$ $480\text{min} \times 2.036\text{L/min} = 977.04\text{L}$ $480\text{min} \times 2.0975\text{L/min} = 1006.8\text{L}$ $480\text{min} \times 2.0485\text{L/min} = 983.28\text{L}$ $480\text{min} \times 2.0255\text{L/min} = 972.24\text{L}$				
MP-A-02	10/20/00	0735	X		Decom Area (4 ft)	1	X														
MP-A-03	10/20/00	0738	X		Worker	1	X														
MP-A-04	10/20/00	0738	X		Worker	1	X														
MP-A-05	10/20/00	0740	X		EPACommard (4 ft Background)	1	X														
MP-A-B	10/20/00	0740	X		Blank	1	X														
<i>10/20/00</i> <i>10-20-00</i>																					

Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)

Ship To:

Assay Tech  
250 Debartalow Place  
Suite 2525  
Boardman, Oh

ATTN: Dan Lipton 330-758-0830

Airbill Number

Hand Delivered

Chain of Custody Seal Numbers

Distribution: White - Accompanies Shipment; Pink - Coordinator Field Files; Yellow - Laboratory File

5-25953



10/20/00

Pump	Sample ID	Initial Flow (ml/min)				Final Flow (ml/min)			
		1	2	3	Avg	1	2	3	Avg
1	MP-A-Ø1	2024	2023	2023	2023	2011	2007	2008	2009
2	MP-A-Ø2	2015	2015	2017	2016	2076	2050	2040	2055
3	MP-A-Ø3	2029	2022	2024	2025	2185	2176	2174	2170
4	MP-A-Ø4	2023	2023	2025	2024	2077	2071	2071	2073
5	MP-A-Ø5	2011	2011	2010	2011	2042	2038	2039	2040

ID	Location	height	START	END
MP-A-Ø1	Sump D2	4 ft	0734	1535
MP-A-Ø2	Decon Area	4 ft	0735	1535
MP-A-Ø3	Worker	4 ft	0738	1538
MP-A-Ø4	Worker	4 ft	0738	1538
MP-A-Ø5	EPA command	4 ft	0740	1540

481  
480

967.68  
977.04  
1006.8  
983.28  
972.24

20164  
2.0364  
2.0975  
2.0415  
2.0232

~~11/11/00~~



CHAIN OF CUSTODY RECORD

PROJ. NO. 03014-0065		PROJECT NAME Mohoning River Site				NO. OF CON- TAINERS	Activity Code:											
SAMPLERS: (Print Name and Sign) Jeff Kimble [Signature]							Analyte: PCBs Total Metals Total Mercury											
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION		TAG NUMBERS											
SW-Boxes	10-10-00	1540	X		Swice way Boxes	2812	X	X	X								Rush TAT for All Samples	
GEN-Boxes	10-10-00	1610	X		All other Boxes	2802	X	X	X								Rush TAT is 48 hrs	
																	Report Verbal Results to	
																	Jackie DOAN @	
																	Environmental Quality Management	
																	1310 Kemper Meadow Road	
																	Cinci, Ohio 45240	
																	Phone 513-825-7500	
																	Fx 513-825-9728	
																	* Initial sample results	
																	were 24 ppm to 143,000 ppm	
																	QA level II	
Relinquished by: (Signature) [Signature]			Date / Time 10-10-00 1935		Received by: (Signature)				Ship To: ECC 6954 Cornell Road, Suite 300 Cincinnati, Ohio 45242 (513) 489-2001									
Relinquished by: (Signature)			Date / Time		Received by: (Signature)													
Relinquished by: (Signature)			Date / Time		Received for Laboratory by: (Signature)		Date / Time											
ATTN:										Airbill Number								
Chain of Custody Seal Numbers																		

Distribution: White - Accompanies Shipment; Pink - Coordinator Field Files; Yellow - Laboratory File





**FedEx** USA Airbill FedEx Tracking Number **823893677179**

FROM Please print and press hard.  
Date **10-12-00** Sender's FedEx Account Number

Sender's Name **Jeff Kimble** Phone **(440) 243 3330**

Company **Ecology and Environment, Inc.**

Address **6777 Engle Road Suite N** Dept./Floor/Suite/Room

City **Middleburg Heights** State **OH** ZIP **44130**

Your Internal Billing Reference **3141-65**

Recipient's Name **Lab Department** Phone **(440) 489-2001**

Company **ECC**

Address **6954 Cornell Road** We cannot deliver to P.O. boxes or P.O. ZIP codes.

To "HOLD" at FedEx location, print FedEx address. **Suite 300** Dept./Floor/Suite/Room

City **Cincinnati** State **OH** ZIP **45242**

**Questions? Call 1-800-Go-FedEx® (800-463-3339)**  
Visit our Web site at [www.fedex.com](http://www.fedex.com)

By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

Form I.D. No. **0200** Sender's Copy +

**4a Express Package Service** Packages up to 150 lbs. Delivery commitment may be later in some areas.

☐ FedEx Priority Overnight Next business morning

☒ FedEx Standard Overnight Next business afternoon

☐ FedEx First Overnight Earliest next business morning delivery to select locations

☐ FedEx 2Day\* Second business day

☐ FedEx Express Saver\* Third business day

\* FedEx Envelope/Letter Rate not available Minimum charge, One-pound rate

**4b Standard Mail Service** Packages over 150 lbs. Delivery commitment may be later in some areas.

☐ FedEx 1Day Freight\* Next business day

☐ FedEx 2Day Freight Second business day

☐ FedEx 3Day Freight Third business day

\* Call for Confirmation:

**5 Packaging** \* Declared value limit \$500

☐ FedEx Envelope/Letter\*

☐ FedEx Pak\*

☒ Other Pkg. Includes FedEx Box, FedEx Tube, and customer pkg.

**6 Special Handling** Include FedEx address in Section 3.

☐ SATURDAY Delivery Available for FedEx Priority Overnight and FedEx 2Day to select ZIP codes

☐ SUNDAY Delivery Available for FedEx Priority Overnight to select ZIP codes

☐ HOLD Weekday at FedEx Location Not available with FedEx First Overnight

☐ HOLD Saturday at FedEx Location Available for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods? One box must be checked.

☐ No

☒ Yes per attached Shipper's Declaration

☐ Yes Shipper's Declaration not required

☐ Dry Ice Dry Ice, 9, UN 1845 x kg

Dangerous Goods cannot be shipped in FedEx packaging. ☐ Cargo Aircraft Only

**7 Payment Bill to:** Enter FedEx Acct. No. or Credit Card No. below.

☒ Shipper's Acct. No. in Section 1 will be billed.

☐ Recipient

☒ Third Party

☐ Credit Card

☐ Cash/Check

FedEx Acct. No. **1798-2796-4** Exp. Date

Credit Card No.

Total Packages **1** Total Weight **10** Total Declared Value\* **\$ 100.00**

\*Our liability is limited to \$100 unless you declare a higher value. See back for details. FedEx Use Only

**8 Release Signature** Sign to authorize delivery without obtaining signature.

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

Rev. Date 9/99 • Part #154815 • ©1994-99 FedEx • PRINTED IN U.S.A. GBFE 9/00

**360**

RET. THIS COPY FOR YOUR RECORDS.





Environmental Quality  
Management, Inc.

# ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

Reference Document No. A- 4506  
Page 1 of \_\_\_\_\_

Project Name Mahoning Side  
Project Number 2244  
Project Manager Eric Bowman  
Sample Team Leader Kimble

Lab Destination STL  
Lab Contact/Phone \_\_\_\_\_  
Lab Purchase Order No. 1494  
Carrier/Waybill No. \_\_\_\_\_

Report to: Mark JarSK,  
phone 513 823 7500  
fax 513 825 9728

Bill to: above

## ONE CONTAINER PER LINE

Sample Number	Sample Description/Type	Date/Time Collected	Container Type	Sample Volume	Pre-servative	Requested Analytical Method/(Parameters)	Condition on Receipt (Lab)
MPP-SP/le-CS-001	soil	2/23/01	glass jar	4 oz	ice	PCBS	

Special Instructions: Rush - 48 hour turn

Possible Hazard Identification:  
Non-hazard ☐ Flammable ☐ Skin Irritant ☐ Other \_\_\_\_\_

Sample Disposal:  
Return to Client ☐ Disposal by Lab ☒ Archive \_\_\_\_\_ (mos.)

Turnaround Time Required:  
Normal ☐ Rush ☒ Results Required by 48 hour

QA Requirements:

1. Relinquished by [Signature] Date: 2/26/01  
(Signature/Affiliation) Time: 1000

1. Received by [Signature] Date: 2-26-01  
(Signature/Affiliation) Time: 10:00A

2. Relinquished by \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature/Affiliation) Time: \_\_\_\_\_

2. Received by \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature/Affiliation) Time: \_\_\_\_\_

Comments:



CHAIN OF CUSTODY RECORD

SL NO.		PROJECT NAME		NO. OF CONTAINERS		ANALYSIS		TAG NUMBERS	
41-2005		Mahoning River site				Analyte: PCB #85 TOC #25 PAH #140 PCRAMetals #125		Page 3 of 3	
LEAS: (Print Name and Sign)		Kimble [Signature]						Activity Code:	
NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	ANALYSIS	TAG NUMBERS	
16	11/15	1710		X		1-402	X	QA Level II	
19	11/15	1720		X		1-402	X	Verbal Results due on/ before:	
18	11/15	1725		X		1-402	X		
2-B	11/15	1050		X		1-802	X	Send and Fax Results to	
2-B	11/15	1410		X		1-402	X	Julie Dean	
8-B	11/15	1220		X		1-402	X	40 Env. Quality Mngt	
13	11/16	1030		X		1-402	X	1310 Rempur Meadows	
12	11/16	1040		X		1-802	X	Cinci OH 45240	
12A	11/16	1040		X		1-402	X	Phone 513-823-7500	
11	11/16	1050		X		1-402	X	Fax 513-825-9728	
						*Initial Sample result 6600 ppm PCB			
Surrendered by: (Signature)		Date / Time		Received by: (Signature)		Ship To:			
[Signature]		11-16-00 1300				ECC 6954 Connel Rd, Suite 300 Cinci, OH 45242 513-489-0001			
Surrendered by: (Signature)		Date / Time		Received by: (Signature)		ATTN:			
						Airbill Number			
Surrendered by: (Signature)		Date / Time		Received for Laboratory by: (Signature)		Chain of Custody Seal Numbers			

Distribution: White - Accompanies Shipment; Pink - Coordinator Field Files; Yellow - Laboratory File

5-25179

NOV-17-00 01:31 PM MCCABE ENGI

NG CORP 330 306 0479

P.01